

New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-6207
Toll Free: 1-855-643-8180
TTY: 771
KanCare.Ombudsman@kdads.ks.gov
www.kancare.ks.gov/ombudsman

Kerrie Bacon, KanCare Ombudsman

Sam Brownback, Governor

**June 29th, 2016
12:00 pm-1:00 pm
Lunch and Learn Call for HCBS Consumers
(38 Participants on the call)**

** Ombudsman Lunch and Learn Conference Call Series**

Update on the MFP (Money Follows the Person) with Larry Kelly, MFP Quality Management Specialist

Larry Kelley has been in the position a little over 2 years. Any questions you can direct them to me or feel free to give me a call.

MFP has been around for a while and there are 44 states with a program similar. Every state crafted it differently.

It is to increase the use of Home and Community Based Services (HCBS) and decrease the use of institutional settings. The last figure I saw was 33,000 people in the US that have transitioned. Kansas has had about 1,500.

First there are rumors that the program is no longer going to be used. The next time it will be looked at is June of next year. Beyond that we are working on achieving the objectives even if the program stops.

The idea is that there is no place like home. It makes people have that sense of freedom, self-worth and significance. People of course need to be safe and comfortable. We are not saying that nursing facility (NF) are not fine, if you need this, then that is great but it is nice to have the option to go back home.

We are working on getting people out and by-passing the wait list. This keeps people from having to stay in a NF just because they don't have supports in place. We also have transition services. Up to 48 hours are available and we have transition funds- up to \$2500 dollars. We work quite a bit with the PD and FE waivers

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Q. Who provides the transition services?

A. Sometimes the MCO, contractors with the MCO's, really it is a wide variety.

Q. Are there enough people to do the transition services?

A. It really depends on the map. Some areas are really well served and some areas are not.

Q. Are ILRC's involved?

A. It depends on the individual working relationships.

MFP serves 4 waivers in our state; FE, PD, I/DD, and TBI.

The qualifications are you must be Medicaid eligible. You must have 90 days as a resident of a NF, or an I/DD institution. The 90 days must be without Medicare Part A reimbursement. There is certain criterion, and we must say that no one should try to get into a NF just to get onto a waiver. The way it begins with the MCO and they make sure it is an appropriate candidate. They need an FAI, then that needs to be done. Then a Plan Of Care and what supports are needed. Then set a date and they transition in to the community. They are on MFP for 365 days, then they transfer onto the waiver. Seamlessly, it is just paperwork.

Certain requirements need to be met. Larry can send it out if anyone wants, but it is on the website.

Line opened for questions.

Q. Once a referral is made, how long before approval to get things going?

A. Unless I am very busy, a day or so. Not more than one week. If we have a denial, usually it is something like a paperwork problem. You must be eligible for one of the waivers to even begin this process.

No matter what rumors are going around, we are actively searching for people that are good candidates for our program. If you have someone that you think would be a good fit, send me an email or give me a call.

Larry Kelly larry.kelley@KDADS.ks.gov
785-296-7744