

**CY 2015 Money Follows the Person Demonstration Supplemental Budget Request  
Worksheet for Proposed Budget (Updated Aug 2014)**

**Instructions:** Please fill in only the cells highlighted in **YELLOW**. All other cells will auto populate and are locked.

Date of Report:	9/30/2014	Preparer Name:	Joseph Genovese
State:	New York	Preparer Phone:	518-473-5376
Grant Number:	1LICMS300140	Preparer Email:	joseph.genovese@health.ny.gov

Original and ARRA Increased Federal Medicaid Assistance Percentages (FMAP) are provided in the State FMAPs worksheet tab.  
 "Expenditures may vary slightly. States are responsible for keeping accurate records for auditing purposes in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations."

FMAP Table	Column 1	Column 2	Column 3	Column 4	Column 5
Please express FMAP as a decimal (example: 68.32%=0.6832)	Original State FMAP	State Enhanced FMAP with MFP (1.00 - Reg FMAP / 2 + Reg FMAP)	State FMAP with ARRA Increase (Oct 2008 - Jun 2011)	State Enhanced FMAP with ARRA and MFP (for Oct 2008 - Jun 2011) Not to Exceed 90%	Calculated Enhanced FMAP (Oct 2008 - Jun 2011)
Calendar Year Quarters through 2020					
	FFY 2007	0.5000	0.7500		
	FFY 2008	0.5000	0.7500		
Oct - Dec 2008	FFY 2009 Q1	0.5000	0.7500	0.5878	0.7939
Jan - Mar 2009	FFY 2009 Q2	0.5000	0.7500	0.5878	0.7939
Apr - Jun 2009	FFY 2009 Q3	0.5000	0.7500	0.6019	0.8010
Jul - Sept 2009	FFY 2009 Q4	0.5000	0.7500	0.6159	0.8080
Oct - Dec 2009	FFY 2010 Q1	0.5000	0.7500	0.6159	0.8080
Jan - Mar 2010	FFY 2010 Q2	0.5000	0.7500	0.6159	0.8080
Apr - Jun 2010	FFY 2010 Q3	0.5000	0.7500	0.6159	0.8080
Jul - Sept 2010	FFY 2010 Q4	0.5000	0.7500	0.6159	0.8080
Oct - Dec 2010	FFY 2011 Q1	0.5000	0.7500	0.6159	0.8080
Jan - Mar 2011	FFY 2011 Q2	0.5000	0.7500	0.5877	0.7939
Apr - Jun 2011	FFY 2011 Q3	0.5000	0.7500	0.5688	0.7844
Jul - Sept 2011	FFY 2011 Q4	0.5000	0.7500		
Oct - Dec 2011	FFY 2012 Q1	0.5000	0.7500		
Jan - Mar 2012	FFY 2012 Q2	0.5000	0.7500		
Apr - Jun 2012	FFY 2012 Q3	0.5000	0.7500		
Jul - Sept 2012	FFY 2012 Q4	0.5000	0.7500		
Oct - Dec 2012	FFY 2013 Q1	0.5000	0.7500		
Jan - Mar 2013	FFY 2013 Q2	0.5000	0.7500		
Apr - Jun 2013	FFY 2013 Q3	0.5000	0.7500		
Jul - Sept 2013	FFY 2013 Q4	0.5000	0.7500		
Oct - Dec 2013	FFY 2014 Q1	0.5000	0.7500		
Jan - Mar 2014	FFY 2014 Q2	0.5000	0.7500		
Apr - Jun 2014	FFY 2014 Q3	0.5000	0.7500		
Jul - Sept 2014	FFY 2014 Q4	0.5000	0.7500		
Oct - Dec 2014	FFY 2015 Q1	0.5000	0.7500		
Jan - Mar 2015	FFY 2015 Q2	0.5000	0.7500		
Apr - Jun 2015	FFY 2015 Q3	0.5000	0.7500		
Jul - Sept 2015	FFY 2015 Q4	0.5000	0.7500		
Oct - Dec 2015	FFY 2016 Q1	0.5000	0.7500		
Jan - Mar 2016	FFY 2016 Q2	0.5000	0.7500		
Apr - Jun 2016	FFY 2016 Q3	0.5000	0.7500		
Jul - Sept 2016	FFY 2016 Q4	0.5000	0.7500		
Oct - Dec 2016	FFY 2017 Q1	0.5000	0.7500		
Jan - Mar 2017	FFY 2017 Q2	0.5000	0.7500		
Apr - Jun 2017	FFY 2017 Q3	0.5000	0.7500		
Jul - Sept 2017	FFY 2017 Q4	0.5000	0.7500		
Oct - Dec 2017	FFY 2018 Q1	0.5000	0.7500		
Jan - Mar 2018	FFY 2018 Q2	0.5000	0.7500		
Apr - Jun 2018	FFY 2018 Q3	0.5000	0.7500		
Jul - Sept 2018	FFY 2018 Q4	0.5000	0.7500		
Oct - Dec 2018	FFY 2019 Q1	0.5000	0.7500		
Jan - Mar 2019	FFY 2019 Q2	0.5000	0.7500		
Apr - Jun 2019	FFY 2019 Q3	0.5000	0.7500		
Jul - Sept 2019	FFY 2019 Q4	0.5000	0.7500		
Oct - Dec 2019	FFY 2020 Q1	0.5000	0.7500		
Jan - Mar 2020	FFY 2020 Q2	0.5000	0.7500		
Apr - Jun 2020	FFY 2020 Q3	0.5000	0.7500		
Jul - Sept 2020	FFY 2020 Q4	0.5000	0.7500		
Oct - Dec 2020	FFY 2021 Q1	0.5000	0.7500		

**Populations Transitions Chart (unduplicated count)**

Unduplicated Count - Each individual is only counted once in the year that they physically transition.

All population counts and budget estimates are based on the Calendar Year (CY).

The State is held accountable for the current year populations to be transitioned and actual numbers should be consistent with semi-annual reports submitted in Jan/Feb for the previous calendar year.

All prior year actuals must be updated accordingly to match what is reported on the semi-annual reports.

	Elderly	ID/DD	Physical Disability	Mental Illness	Other	Total per CY
CY 2007 (actuals)	0	0	0	0	0	0
CY 2008 (actuals)	0	0	0	0	0	0
CY 2009 (actuals)	32	0	47	0	8	87
CY 2010 (actuals)	46	0	59	0	60	165
CY 2011 (actuals)	72	0	96	0	72	240
CY 2012 (actuals)	102	0	137	0	103	342
CY 2013 (actuals)	91	94	92	0	102	379
CY 2014 (estimated actuals)	93	186	102	0	101	482
CY 2015 (projected)	99	280	106	0	109	594
CY 2016 (projected)	103	315	108	0	115	641
CY 2017 (projected)	105	350	110	0	119	684
CY 2018 (projected)*	107	400	111	0	122	740
<b>Total Count</b>	<b>850</b>	<b>1625</b>	<b>968</b>	<b>0</b>	<b>911</b>	<b>4354</b>

If a Grantee achieves less than the 85% of the established benchmark, an Action Plan will be required.

See Policy Guidance Achieving and Amending Transition Benchmarks, July 2014

should only be provided in 2018 once a sustainability plan is submitted and approved.

\* Projections and cost

**Demonstration Budget Summary-All Years**

- \* *Qualified HCBS Services, Demonstration HCBS Services and Supplemental Services* are defined in the MFP Solicitation.
- \* *Administration - Normal* - costs that adhere to CFR Title 42, Section 433(b)(7);
- \* *Administrative - 75%* - costs that adhere to CFR Title 42, Sections 433(b)(4) and 433(b)(10);
- \* *Administrative - 90%* - costs that adhere to CFR Title 42 Section 433(b)(3)
- \* *Federal Evaluation Supports* - costs related to administering the Quality of Life Survey (reimbursed @ about \$100-\$150 per survey).
- \* *Rebalancing Fund* - estimates State's savings attributed to Enhanced FMAP Rate that could be reinvested into rebalancing benchmarks. It is the State's responsibility to track Rebalancing Funds.
- \* *Other* - Other costs reimbursed at a flat rate (to be determined by CMS)

Total Expenditures (2007 - 2017)	Total Costs (Fed & State)	Federal	State
Qualified HCBS	\$ 188,000,782	\$ 147,365,778	\$ 47,698,852
Demonstration HCBS	\$ -	\$ -	\$ -
Supplemental	\$ -	\$ -	\$ -
Administrative - Normal - 50%	\$ 955,186	\$ 477,593	\$ 477,593
Administrative - 75%	\$ -	\$ -	\$ -
Administrative - 90%	\$ -	\$ -	\$ -
Federal Evaluation Supports - 100%	\$ 534,300	\$ 534,300	\$ -
Administrative (Other) - 100%	\$ 10,668,046	\$ 10,668,046	\$ -
State Evaluation - 50%	\$ -	\$ -	\$ -
ADRC Funding - 100%	\$ 323,762	\$ 323,762	\$ -
AIAN Funding (Tribal) - 100%	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 200,482,076</b>	<b>\$ 159,369,479</b>	<b>\$ 48,176,445</b>

Administrative 20% Cap Calculation Through CY 2017	
Total Costs (Fed & State less Fed Eval, ADRC & AIAN)	\$ 199,624,014
Total Administrative Costs (Fed & State)	\$ 11,623,232
<b>Admin. to Services Percentage (20% Max)</b>	<b>6%</b>
	<b>Within budget</b>

Administrative Cost CY 2018-2020	
Total Administrative Costs (Fed & State) CY 2018	\$ 1,952,922
Total Administrative Costs (Fed & State) CY 2019	\$ 1,952,922
Total Administrative Costs (Fed & State) CY 2020	\$ 1,952,922

Estimated Rebalancing Fund Calculation	
CY 2007	\$ -
CY 2008	\$ -
CY 2009	\$ 607,684
CY 2010	\$ 3,389,266
CY 2011	\$ 4,751,070
CY 2012	\$ 6,042,045
CY 2013	\$ 6,970,177
CY 2014	\$ 6,972,487
CY 2015	\$ 7,210,541
CY 2016	\$ 6,826,343
CY 2017	\$ 7,063,848
CY 2018	\$ 7,235,703
CY 2019	\$ 7,364,669
CY 2020	\$ 7,460,175
<b>Estimated Total</b>	<b>\$ 71,894,008</b>

Total Costs (Fed & State) Per Capita	
Service Costs	\$ 43,179
Admin Costs	\$ 2,670

Please update actual expenditures for all past years.					Enter CY 2007 Comments Here
CY 2007	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	
Qualified HCBS	0.7500	\$ -	\$ -	\$ -	No costs for CY2007
Demonstration HCBS	0.7500	\$ -	\$ -	\$ -	
Supplemental	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2007 Actual Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

CY 2008 (including Partial Year Increased FMAP)	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2008 Comments Here
Qualified HCBS (Jan - Sept)	0.7500	\$ -	\$ -	\$ -	
Qualified HCBS (Oct - Dec increased FMAP)	0.7939	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan - Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.7939	\$ -	\$ -	\$ -	
Supplemental (Jan - Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.5878	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ 402,466	\$ 201,233	\$ 201,233	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2008 Actual Total</b>		<b>\$ 402,466</b>	<b>\$ 201,233</b>	<b>\$ 201,233</b>	

CY 2009 (using Increased FMAP)	Rate	Total Costs (actual expenditures)	Federal (actual expenditures)	State (actual expenditures)	Enter CY 2009 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.7939	\$ 5,325	\$ 4,228	\$ 1,097	
Qualified HCBS (Apr-Jun increased FMAP)	0.8010	\$ 321,135	\$ 257,229	\$ 63,906	
Qualified HCBS (Jul - Sep increased FMAP)	0.8080	\$ 527,761	\$ 426,431	\$ 101,330	
Qualified HCBS (Oct - Dec increased FMAP)	0.8080	\$ 1,126,320	\$ 910,067	\$ 216,253	
Demonstration HCBS (Jan-Mar increased FMAP)	0.7939	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.8010	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul - Sep increased FMAP)	0.8080	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.8080	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.5878	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.6019	\$ -	\$ -	\$ -	
Supplemental (Jul - Sep increased FMAP)	0.6159	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.6159	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ 552,720	\$ 276,360	\$ 276,360	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ 7,400	\$ 7,400	\$ -	
Administrative (Other) - 100%	1.0000	\$ 1,800	\$ 1,800	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2009 Actual Total</b>		<b>\$ 2,542,461</b>	<b>\$ 1,883,515</b>	<b>\$ 658,946</b>	

<b>CY 2010</b> (using increased FMAP)	<b>Rate</b>	<b>Total Costs</b> (actual expenditures)	<b>Federal</b> (actual expenditures)	<b>State</b> (actual expenditures)	<b>Enter CY 2010</b> <b>Comments Here</b>
Qualified HCBS (Jan-Mar increased FMAP)	0.8080	\$ 1,955,057	\$ 1,579,686	\$ 375,371	*PLEASE NOTE- The amounts that were entered under 'Qualified HCBS' in this section match the amounts from the previous WFPB. The calculations behind this form displayed different breakdown amounts in the Federal and State columns.
Qualified HCBS (Apr-Jun increased FMAP)	0.8080	\$ 2,461,581	\$ 1,988,957	\$ 472,624	
Qualified HCBS (Jul- Sep increased FMAP)	0.8080	\$ 3,041,005	\$ 2,457,132	\$ 583,873	
Qualified HCBS (Oct - Dec increased FMAP)	0.8080	\$ 3,546,466	\$ 2,865,545	\$ 680,921	
Demonstration HCBS (Jan-Mar increased FMAP)	0.8080	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.8080	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul- Sep increased FMAP)	0.8080	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.8080	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.6159	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.6159	\$ -	\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.6159	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.6159	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 22,200	\$ 22,200	\$ -	
Administrative (Other) - 100%	1.0000	\$ 552,720	\$ 552,720	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
<b>CY 2010 Actual Total</b>		<b>\$ 11,579,029</b>	<b>\$ 9,466,240</b>	<b>\$ 2,112,789</b>	

<b>CY 2011</b> (using partial year increased FMAP)	<b>Rate</b>	<b>Total Costs</b> (actual expenditures)	<b>Federal</b> (actual expenditures)	<b>State</b> (actual expenditures)	<b>Enter CY 2011</b> <b>Comments Here</b>
Qualified HCBS (Jan-Mar increased FMAP)	0.7939	\$ 3,932,015	\$ 3,121,627	\$ 810,388	*PLEASE NOTE- The amounts that were entered under 'Qualified HCBS' in this section match the amounts from the previous WFPB. The calculations behind this form displayed different breakdown amounts in the Federal and State columns.
Qualified HCBS (Apr-Jun increased FMAP)	0.7844	\$ 4,183,161	\$ 3,281,271	\$ 901,890	
Qualified HCBS (Jul-Sept)	0.7500	\$ 9,623,038	\$ 7,217,279	\$ 2,405,759	
Qualified HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan-Mar increased FMAP)	0.7939	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.7844	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.5877	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.5688	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 46,200	\$ 46,200	\$ -	
Administrative (Other) - 100%	1.0000	\$ 660,639	\$ 660,639	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2011 Actual Totals</b>		<b>\$ 18,445,053</b>	<b>\$ 14,327,016</b>	<b>\$ 4,118,037</b>	

<b>CY 2012</b>	<b>Rate</b>	<b>Total Costs</b> (actual expenditures)	<b>Federal</b> (actual expenditures)	<b>State</b> (actual expenditures)	<b>Enter CY 2012</b> <b>Comments Here</b>
Qualified HCBS (Jan-Mar)	0.7500	\$ 24,168,180	\$ 18,126,135	\$ 6,042,045	*On 4/2/13 CMS advised NYS to add the 2012 unobligated balance of (\$441,184.00) to the 2013 service expenditure projection.
Qualified HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Qualified HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Qualified HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 66,600	\$ 66,600	\$ -	
Administrative (Other) - 100%	1.0000	\$ 458,016	\$ 458,016	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ 198,550	\$ 198,550	\$ -	
<b>CY 2012 Actual Totals</b>		<b>\$ 24,891,346</b>	<b>\$ 18,849,301</b>	<b>\$ 6,042,045</b>	

<b>CY 2013</b>	<b>Rate</b>	<b>Total Costs</b> (actual expenditures)	<b>Federal</b> (actual expenditures)	<b>State</b> (actual expenditures)	<b>Enter CY 2013</b> <b>Comments Here</b>
Qualified HCBS (Jan-Mar)	0.7500	\$ 7,171,689	\$ 5,378,767	\$ 1,792,922	*No claiming for FMAP was performed for the ID/DD target population during the reporting period, due to an issue with the claiming/reporting process.
Qualified HCBS (Apr-Jun)	0.7500	\$ 7,330,110	\$ 5,497,583	\$ 1,832,527	
Qualified HCBS (Jul-Sept)	0.7500	\$ 7,117,414	\$ 5,338,061	\$ 1,779,353	
Qualified HCBS (Oct-Dec)	0.7500	\$ 6,261,495	\$ 4,696,121	\$ 1,565,374	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 54,100	\$ 54,100	\$ -	
Administrative (Other) - 100%	1.0000	\$ 461,838	\$ 461,838	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ 125,212	\$ 125,212	\$ -	
<b>CY 2013 Actual Totals</b>		<b>\$ 28,521,858</b>	<b>\$ 21,551,682</b>	<b>\$ 6,970,176</b>	

For CY 2014, Report ESTIMATED ACTUAL Expenditures					Enter CY 2014 Comments Here
CY 2014	Rate	Total Costs (estimated actual expenditures)	Federal (estimated actual expenditures)	State (estimated actual expenditures)	
Qualified HCBS (Jan-Mar)	0.7500	\$ 5,508,073	\$ 4,131,055	\$ 1,377,018	1) This federal request includes zero costs for enhanced FMAP for HCBS to those individuals with ID/DD leaving institutional settings because NYS will fund these transitions with BIP funds. 2) The unobligated balance (as of 12/31/13) of \$5,259,217.00 has been carried over into the services column (Oct-Dec) per CMS direction on 9/25/14. 3) The actual amounts for the first two quarters of 2014 are included. The two remaining quarters remain as estimates.
Qualified HCBS (Apr-Jun)	0.7500	\$ 5,100,863	\$ 3,825,647	\$ 1,275,216	
Qualified HCBS (Jul-Sept)	0.7500	\$ 6,010,898	\$ 4,508,174	\$ 1,502,724	
Qualified HCBS (Oct-Dec)	0.7500	\$ 11,270,115	\$ 8,452,586	\$ 2,817,529	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 78,000	\$ 78,000	\$ -	
Administrative (Other) - 100%	1.0000	\$ 2,332,241	\$ 2,332,241	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding (Tribal) - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2014 Estimated Actual Totals</b>		<b>\$ 30,300,190</b>	<b>\$ 23,327,703</b>	<b>\$ 6,972,487</b>	

For CY 2015, Report PROJECTED Expenditures					Enter CY 2015 Comments Here	
CY 2015	Rate* (assume FFY 2014 rate if FFY 2015 is unknown)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)		
Qualified HCBS (Jan-Mar)	0.7500	\$ 6,490,962	\$ 4,868,222	\$ 1,622,740	*Per CMS advice- NYS should add the 2014 unobligated balance of (\$2,878,317.00) to the 2015 service expenditure projection.	
Qualified HCBS (Apr-Jun)	0.7500	\$ 6,490,962	\$ 4,868,222	\$ 1,622,740		
Qualified HCBS (Jul-Sept)	0.7500	\$ 6,490,962	\$ 4,868,222	\$ 1,622,740		
Qualified HCBS (Oct-Dec)	0.7500	\$ 9,369,279	\$ 7,026,959	\$ 2,342,320		
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -		
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -		
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -		
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -		
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -		
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -		
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -		
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -		
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -		
Administrative - 75%	0.7500	\$ -	\$ -	\$ -		
Administrative - 90%	0.9000	\$ -	\$ -	\$ -		
Federal Evaluation Supports - 100%	1.0000	\$ 91,900	\$ 91,900	\$ -		
Administrative (Other) - 100%	1.0000	\$ 2,294,948	\$ 2,294,948	\$ -		
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -		
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -		
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -		
<b>CY 2015 Projected Totals</b>		<b>\$ 31,229,013</b>	<b>\$ 24,018,473</b>	<b>\$ 7,210,540</b>		
<b>Less Unobligated Balance from Prior Years</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		Enter unobligated balance in the highlighted fields. Enter a positive number. Do <u>not</u> enter a negative number.
<b>Final CY 2015 Projected Totals</b>		<b>\$ 31,229,013</b>	<b>\$ 24,018,473</b>	<b>\$ 7,210,540</b>		
<b>CY 2015 Federal Supplemental Request Amount</b>			<b>\$ 24,018,473</b>			

For CY 2016, Report PROJECTED Expenditures					Enter CY 2016 Comments Here
CY 2016	Rate* (assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.7500	\$ 6,826,343	\$ 5,119,757	\$ 1,706,586	CY 2016 WILL BE THE FINAL YEAR FUNDS WILL BE AWARDED.
Qualified HCBS (Apr-Jun)	0.7500	\$ 6,826,343	\$ 5,119,757	\$ 1,706,586	
Qualified HCBS (Jul-Sept)	0.7500	\$ 6,826,343	\$ 5,119,757	\$ 1,706,586	
Qualified HCBS (Oct-Dec)	0.7500	\$ 6,826,343	\$ 5,119,757	\$ 1,706,586	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 105,200	\$ 105,200	\$ -	
Administrative (Other) - 100%	1.0000	\$ 1,952,922	\$ 1,952,922	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2016 Projected Totals</b>		<b>\$ 29,363,494</b>	<b>\$ 22,537,150</b>	<b>\$ 6,826,344</b>	

For CY 2017, Report PROJECTED Expenditures					Enter CY 2017 Comments Here
CY 2017	Rate* (assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.7500	\$ 7,063,848	\$ 5,297,886	\$ 1,765,962	
Qualified HCBS (Apr-Jun)	0.7500	\$ 7,063,848	\$ 5,297,886	\$ 1,765,962	
Qualified HCBS (Jul-Sept)	0.7500	\$ 7,063,848	\$ 5,297,886	\$ 1,765,962	
Qualified HCBS (Oct-Dec)	0.7500	\$ 7,063,848	\$ 5,297,886	\$ 1,765,962	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 62,700	\$ 62,700	\$ -	
Administrative (Other) - 100%	1.0000	\$ 1,952,922	\$ 1,952,922	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2017 Projected Totals</b>		<b>\$ 30,271,014</b>	<b>\$ 23,207,166</b>	<b>\$ 7,063,848</b>	

For CY 2018, Report PROJECTED Expenditures					Enter CY 2018 Comments Here
CY 2018	Rate* (assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.7500	\$ 7,235,703	\$ 5,426,777	\$ 1,808,926	
Qualified HCBS (Apr-Jun)	0.7500	\$ 7,235,703	\$ 5,426,777	\$ 1,808,926	
Qualified HCBS (Jul-Sept)	0.7500	\$ 7,235,703	\$ 5,426,777	\$ 1,808,926	
Qualified HCBS (Oct-Dec)	0.7500	\$ 7,235,703	\$ 5,426,777	\$ 1,808,926	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 63,400	\$ 63,400	\$ -	
Administrative (Other) - 100%	1.0000	\$ 1,952,922	\$ 1,952,922	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2018 Projected Totals</b>		<b>\$ 30,959,134</b>	<b>\$ 23,723,430</b>	<b>\$ 7,235,704</b>	

For CY 2019, Report PROJECTED Expenditures					Enter CY 2019 Comments Here
CY 2019	Rate* (assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)*	0.7500	\$ 7,364,669	\$ 5,523,502	\$ 1,841,167	
Qualified HCBS (Apr-Jun)*	0.7500	\$ 7,364,669	\$ 5,523,502	\$ 1,841,167	
Qualified HCBS (Jul-Sept)*	0.7500	\$ 7,364,669	\$ 5,523,502	\$ 1,841,167	
Qualified HCBS (Oct-Dec)*	0.7500	\$ 7,364,669	\$ 5,523,502	\$ 1,841,167	
Demonstration HCBS (Jan-Mar)*	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)*	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)*	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)*	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)*	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)*	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)*	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)*	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal- 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 61,800	\$ 61,800	\$ -	
Administrative (Other) - 100%	1.0000	\$ 1,952,922	\$ 1,952,922	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2019 Projected Totals</b>		<b>\$ 31,473,398</b>	<b>\$ 24,108,730</b>	<b>\$ 7,364,668</b>	

\* Cost should only be included if the state has a approved sustainability plan from CMS which inc 0

For CY 2020, Report PROJECTED Expenditures					Enter CY 2020 Comments Here
CY 2020	Rate* (assume most recent known rate)	Total Costs (projected expenditures)	Federal (projected expenditures)	State (projected expenditures)	
Qualified HCBS (Jan-Mar)	0.7500	\$ 7,460,175	\$ 5,595,131	\$ 1,865,044	
Qualified HCBS (Apr-Jun)	0.7500	\$ 7,460,175	\$ 5,595,131	\$ 1,865,044	
Qualified HCBS (Jul-Sept)	0.7500	\$ 7,460,175	\$ 5,595,131	\$ 1,865,044	
Qualified HCBS (Oct-Dec)	0.7500	\$ 7,460,175	\$ 5,595,131	\$ 1,865,044	
Demonstration HCBS (Jan-Mar)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7500	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7500	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 62,700	\$ 62,700	\$ -	
Administrative (Other) - 100%	1.0000	\$ 1,952,922	\$ 1,952,922	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
<b>CY 2020 Projected Totals</b>		<b>\$ 31,856,322</b>	<b>\$ 24,396,146</b>	<b>\$ 7,460,176</b>	

## Regional TRAIID Centers

### Adirondack Regional Technology Center

SUNY Plattsburgh  
101 Broad Street, Sibley 323  
Plattsburgh, NY 12901  
(800) 388-0199 (voice/TTY)  
(518) 564-3366 (voice)  
(518) 564-2328 (fax)  
[plattsburgh.edu](http://plattsburgh.edu) (link)  
Counties served: Clinton, Essex, Franklin, St. Lawrence

### AIM ILC

271 East First Street  
Corning, NY 14830  
(607) 962-8225 x229 (voice/TTY)  
(607) 937-5125 (fax)  
[aimcil.com](http://aimcil.com) (link)  
Counties Served: Allegany, Cattaraugus, Chautauqua,  
Chemung, Schuyler, Steuben

### Center for Assistive Technology

3108 Main Street  
Buffalo, NY 14214  
(716) 836-1350 (voice/TTY)  
(716) 628-2281 (voice/TTY)  
[cat.buffalo.edu](http://cat.buffalo.edu) (link)  
Counties Served: Erie, Genesee, Niagara, Orleans,  
Wyoming

### Central New York TRAIID Center

Enable  
1603 Court Street  
Syracuse, NY 13208  
(315) 410-3336 (voice)  
(315) 455-1794 (TTY)  
(315) 455-1230 (fax)  
[web.enablecny.org](http://web.enablecny.org) (link)  
Counties served: Cayuga, Cortland, Madison, Onondaga,  
Oswego, Tompkins

### Genesee-Finger Lakes TRAIID Center

Regional Center for Independent Living  
497 State Street  
Rochester, NY 14608  
(585) 442-6470 (voice/TTY)  
(585) 271-8558 (fax)  
[rcil.org](http://rcil.org) (link)  
Counties served: Livingston, Monroe, Ontario, Seneca,  
Wayne, Yates

### Hudson Valley Regional TRAIID Center

UCP of Ulster County  
250 Tuytenbridge Road, PO BOX 1488  
Kingston, NY 12402  
(845) 336-7235 x 2129 (voice)  
(845) 336-4055 (TTY)  
(845) 336-7248 (fax)  
[cpulster.org](http://cpulster.org) (link)  
Counties served: Dutchess, Orange, Sullivan, Ulster

### Long Island TRAIID Center

*Nassau location:*  
77 Arkay Drive  
Happauge, NY 11788  
*Suffolk location:*  
44 So. Elmwood Avenue  
Montauk, New York 11954  
(631) 668-4858 (voice)  
(631) 668-6079 (fax)  
[licop.org](http://licop.org) (link)  
Counties served: Nassau, Suffolk

### Lower Hudson Valley Technology Center

Westchester Institute for Human Development  
Cedarwood Hall  
Valhalla, New York 10595  
(914) 493-7364 (voice)  
(914) 493-1204 (TTY)  
(914) 493-1973 (fax)  
(914) 493-1317 (ATP)  
[wihd.org](http://wihd.org) (link)  
Counties served: Putnam, Rockland, Westchester

### Southern Adirondack Independent Living Center

71 Glenwood Avenue  
Queensbury, NY 12804  
(518) 792-3537 (voice)  
(518) 792-0505 (TTY)  
(518) 792-0979 (fax)  
[sail-center.org](http://sail-center.org) (link)  
Counties Served: Albany, Columbia, Greene, Rensselaer,  
Saratoga, Schenectady, Schoharie, Warren, Washington

### Southern Tier Independence Center

135 East Frederick Street  
Binghamton, NY 13904  
(607) 724-2111 x214 (voice/TTY)  
(607) 772-3607 (fax)  
[stic-cil.org](http://stic-cil.org) (link)  
Counties Served: Broome, Chenango, Delaware, Otsego,  
Tioga

### Technology Resources Center

United Cerebral Palsy of NYC  
122 East 23<sup>rd</sup> Street, 1<sup>st</sup> Floor  
New York, NY 10010  
(212) 979-9700 x 717 (voice)  
(212) 253-2690 (TTY)  
(212) 475-0842 (fax)  
[ucpnyc.org](http://ucpnyc.org) (link)  
Counties served: Bronx, Kings, Manhattan, Queens,  
Richmond  
*Brooklyn Satellite Office:*  
175 Lawrence Avenue, 1<sup>st</sup> Floor  
Brooklyn, NY 11230  
(718) 436-7979 x710 (voice)  
(718) 854-5656 (TTY)  
(718) 907-3189 (fax)

### TRAIID Center at Upstate Cerebral Palsy

10708 N. Gage Road  
Barneveld, NY 13304  
(315) 292-1968  
(315) 896-2717 (fax)  
[upstatecp.org](http://upstatecp.org) (link)  
Counties served: Fulton, Hamilton, Herkimer, Jefferson,  
Lewis, Montgomery, Oneida



---

## **MONEY FOLLOWS THE PERSON QUALITY OF LIFE SURVEY**

The Money Follows the Person Quality of Life Survey (QoL) was designed to measure quality of life in seven domains: living situation, choice and control, access to personal care, respect/dignity, community integration/inclusion, overall life satisfaction, and health status. The target population for the survey includes people with disabilities and long-term illnesses who are transitioning from institutionalized care to a care setting in the community. The survey is to be administered to all participants at three points in time—just prior to transition, about 11 months after transition, and about 24 months after transition.

The QoL takes approximately 15 to 20 minutes to complete. A few questions are asked only before or after the transition, although most are asked at all three interviews. The survey is intended to be administered by an interviewer, in person, and in a private setting (e.g., an office in a nursing facility). Depending on the individual circumstances and the abilities of the participant, however, a proxy respondent or an assisted interview may be necessary. A proxy respondent is a person who answers the survey questions on the participant's behalf. In an assisted interview, a third person is present to help the participant answer questions. This survey also has been translated into Spanish.

The development of the QoL survey was funded by the Centers for Medicare and Medicaid Services (CMS) under contract HHSM-500-2005-00025I (0002). The majority of questions are based on the Participant Experience Survey (Version 1.0 of Mental Retardation/Developmental Disabilities 2003, MEDSTAT Group, Inc.), although a few items are drawn from other instruments (ASK ME!, Cash and Counseling, National Core Indicator Survey (NCI), Quality of Life Enjoyment and Satisfaction Questionnaire—Short Form, and the Nursing Home Consumer Assessment of Health Plans Survey (NH CAHPS)).

The survey is free and available for use by the public; no one can use the survey for monetary purposes. Users are expected to include the following citation:

Sloan, Matt, and Carol Irvin. Money Follows the Person Quality of Life Survey. Prepared for Centers for Medicare and Medicaid Services (CMS). Washington, D.C.: Mathematica Policy Research, Inc., 2007.

# MFP QUALITY OF LIFE SURVEY

## RESPONDENT INFORMATION

Respondent Name: \_\_\_\_\_

Respondent Street Address: \_\_\_\_\_

Respondent City: \_\_\_\_\_

Respondent State: \_\_\_\_\_

Respondent ZIP Code: \_\_\_\_\_

Medicaid ID number: \_\_\_\_\_

Check here if the Sample Member is deceased and record date of death:

[\_\_\_\_\_]   
 Month

[\_\_\_\_\_]   
 Day

[\_\_\_\_\_]   
 Year

➔ GO TO END

Interviewer Name: \_\_\_\_\_



# NYS Required Information

## Survey Type:

- Baseline (completed prior to transition)
- First Follow-up (completed 11 - 13 months following Baseline Survey)
- Second Follow-up (completed 23 - 25 months following Baseline Survey)

## MFP Demographics: (choose only one for each category)

### Program Affiliation:

- DOH-NHTD     DOH-TBI     OPWDD     MLTC     OMH
- 

### Target Population:

- Older Adult (ELD)                       Physically Disabled (PD)
- Traumatic Brain Injury (TBI)               Dual Diagnosis (Mental Health and ELD, PD, or TBI)
- Developmentally Disabled (ID/DD)       Mental Health (MI)
- 

### Qualified Institution: (transitioning from)

- Nursing Facility               ICF/IID               IMD
- 

### Qualified Residence: (transitioning to)

- Home (owned by participant)     Home (owned by family)     Apartment
- Group Home (4 or fewer unrelated individuals)
- 

### Lives with Family:

- Yes     No

Hello, my name is \_\_\_\_\_ and I am from \_\_\_\_\_. I'm here to ask for your help with an important study of Medicaid beneficiaries in the state of **New York**. The Quality of Life Survey, sponsored by the Centers for Medicare & Medicaid Services (CMS) and the state of **New York**, is an essential part of an evaluation of the Money Follows the Person Program, a program designed to help Medicaid beneficiaries transition out of institutional care into the community. I'd like to ask you some questions about your housing, access to care, community involvement, and your health and well-being. Results from the study will help CMS and the state of **New York** evaluate how well its programs are meeting the needs of Medicaid beneficiaries like you.

Before we begin, let me assure you that all information collected will be kept strictly confidential and will not be reported in any way that identifies you personally. Your answers will be combined with the answers of others and reported in such a way that no single individual could ever be identified. Further, the information collected will not be used by anyone to determine your continuing eligibility for Medicaid benefits. We are collecting this information for research purposes only. However, I may be required to report any instances of abuse or neglect that you tell me about to authorities. Your participation is completely voluntary and if we come to any question you prefer not to answer, just tell me and we'll move on to the next one.

If you have any questions, please stop me and ask me. Also, please let me know if you do not understand a question or if you would like me to repeat it.

## MODULE 1: LIVING SITUATION

1. I'm going to ask you a few questions about the place you live. About how long have you lived (here/in your home)?

Probe: Your best estimate is fine.

*Interviewer: If respondent indicates less than 1 month, enter 1 month.*

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
Years                      Months

➔ GO TO QUESTION 2

DON'T KNOW ..... DK  
REFUSED..... R

- 1a. Would you say you have lived here more than five years?

Yes ..... 01  
No..... 02  
Don't Know..... DK  
Refused..... R

2. *Interviewer: Does sample member live in a group home or nursing facility?*

Yes ..... 01  
No..... 02  
Don't Know..... DK  
Refused ..... R

3. Do you like where you live?

Yes ..... 01  
No ..... 02  
Sometimes ..... 03  
DON'T KNOW ..... DK  
REFUSED ..... R

4. Did you help pick (this/that) place to live?

Yes ..... 01  
No ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

5. Do you feel safe living (here/there)?

Yes ..... 01      ➔ GO TO QUESTION 6  
No ..... 02      ➔ GO TO QUESTION 6  
DON'T KNOW ..... DK      ➔ GO TO QUESTION 6  
REFUSED ..... R      ➔ GO TO QUESTION 6

5a. How often do you feel unsafe living (here/there)?

Sometimes ..... 01  
Most of the Time ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

6. Can you get the sleep you need without noises or other disturbances where you live?

Yes ..... 01  
No ..... 02  
Sometimes ..... 03  
DON'T KNOW ..... DK  
REFUSED ..... R

## MODULE 2: CHOICE AND CONTROL

7. Can you go to bed when you want?

Yes ..... 01  
No ..... 02  
Sometimes ..... 03  
DON'T KNOW ..... DK  
REFUSED ..... R

8. Can you be by yourself when you want to?

Yes ..... 01  
No ..... 02  
Sometimes ..... 03  
DON'T KNOW ..... DK  
REFUSED ..... R

9. When you are at home, can you eat when you want to?

- Yes ..... 01
- No ..... 02
- Sometimes ..... 03
- DON'T KNOW ..... DK
- REFUSED ..... R

10. Can you choose the foods that you eat?

- Yes ..... 01
- No ..... 02
- Sometimes ..... 03
- DON'T KNOW ..... DK
- REFUSED ..... R

11. Can you talk on the telephone without someone listening in?

- Yes ..... 01
- No ..... 02
- Sometimes ..... 03
- No access to telephone ..... 04
- DON'T KNOW ..... DK
- REFUSED ..... R

12. Can you watch TV when you want to?

- Yes ..... 01
- No ..... 02
- Sometimes ..... 03
- No access to TV ..... 04
- DON'T KNOW ..... DK
- REFUSED ..... R

13. **[AFTER TRANSITION ONLY]** Some people get an allowance from the state to pay for the help or equipment they need. Do you get an allowance like this?

- Yes ..... 01
- No ..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

➔ GO TO QUESTION 14  
➔ GO TO QUESTION 14  
➔ GO TO QUESTION 14

13a. **[AFTER TRANSITION ONLY]** In the last 12 months, what help or equipment did you buy with this allowance?

**[Code all that apply]**

- Modified Home ..... 01
- Modified Car ..... 02
- Special Equipment ..... 03
- Paid Help ..... 04
- Transportation ..... 05
- Household Goods..... 06
- Security Deposit ..... 07
- Other..... 08
- DON'T KNOW ..... DK
- REFUSED ..... R

**MODULE 3: ACCESS TO PERSONAL CARE**

14. Now I'd like to ask you about some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them. First, does anyone help you with things like bathing, dressing, or preparing meals?

Probe: Please include any help received by another person, including cueing or standby assistance.

- Yes ..... 01
- No..... 02      ➔ **GO TO QUESTION 15**
- DON'T KNOW ..... DK      ➔ **GO TO QUESTION 15**
- REFUSED ..... R      ➔ **GO TO QUESTION 15**

14a. Do any of these people get paid to help you?

- Yes ..... 01
- No..... 02      ➔ **GO TO QUESTION 15**
- Don't Know..... DK      ➔ **GO TO QUESTION 15**
- Refused..... R      ➔ **GO TO QUESTION 15**

14b. Do you pick the people who are paid to help you?

- Yes ..... 01
- No..... 02
- Don't Know..... DK
- Refused..... R

15. Do you ever go without a bath or shower when you need one?

- Yes ..... 01
- No..... 02      ➔ **GO TO QUESTION 16**
- DON'T KNOW ..... DK      ➔ **GO TO QUESTION 16**
- REFUSED ..... R      ➔ **GO TO QUESTION 16**

15a. How often do you go without a bath or shower when you need one? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

15b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes ..... 01  
No ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

16. Do you ever go without a meal when you need one?

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 17**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 17**  
REFUSED ..... R      ➔ **GO TO QUESTION 17**

16a. How often do you go without a meal when you need one? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the Time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

16b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes ..... 01  
No ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

17. Do you ever go without taking your medicine when you need it?

Probes: Medicines are pills or liquids that are given to you by a doctor to help you feel better.

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 18**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 18**  
REFUSED ..... R      ➔ **GO TO QUESTION 18**

17a. How often do you go without taking your medicine when you need it? Would you say only sometimes or most of the time?

- Sometimes ..... 01
- Most of the Time..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

17b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

- Yes ..... 01
- No ..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

18. Are you ever unable to use the bathroom when you need to?

- Yes ..... 01
- No ..... 02      ➔ **GO TO QUESTION 19**
- DON'T KNOW ..... DK      ➔ **GO TO QUESTION 19**
- REFUSED ..... R      ➔ **GO TO QUESTION 19**

18a. How often are you unable to use the bathroom when you need to? Would you say only sometimes or most of the time?

- Sometimes ..... 01
- Most of the Time..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

18b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

- Yes ..... 01
- No ..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

19. **[AFTER TRANSITION ONLY]** Have you ever talked with a case manager or support coordinator about any special equipment or changes to your home that might make your life easier?

Probe: Equipment means things like wheelchairs, canes, vans with lifts, and automatic door opener.

- Yes ..... 01
- No ..... 02      ➔ **GO TO QUESTION 20**
- DON'T KNOW ..... DK      ➔ **GO TO QUESTION 20**
- Not Applicable ..... N/A      ➔ **GO TO QUESTION 20**
- REFUSED ..... R      ➔ **GO TO QUESTION 20**

19a. **[AFTER TRANSITION ONLY]** What equipment or changes did you talk about?

---

---

---

---

DON'T KNOW ..... DK  
REFUSED ..... R

19b. **[AFTER TRANSITION ONLY]** Did you get the equipment or make the changes you needed?

Yes ..... 01  
No ..... 02  
In Process ..... 03  
DON'T KNOW ..... DK  
REFUSED ..... R

20. **[AFTER TRANSITION ONLY]** Please think about all the help you received during the last week *around the house* like cooking or cleaning. Do you need more help with things around the house than you are now receiving?

Yes ..... 01  
No ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

21. **[AFTER TRANSITION ONLY]** During the last week, did any family member or friends help you with things around the house?

Yes ..... 01  
No ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

➔ GO TO QUESTION 22  
➔ GO TO QUESTION 22  
➔ GO TO QUESTION 22



21a. **[AFTER TRANSITION ONLY]** Please think about *all* the family members and friends who help you. About how many hours did they spend helping you yesterday?

Probe: Your best estimate is fine.

*Interviewer: if less than one hour, enter 1 hour.*

[ \_\_\_\_\_ ]  
Hours

DON'T KNOW ..... DK  
REFUSED ..... R

#### **MODULE 4: RESPECT AND DIGNITY**

Note: If Q14 = No, DK or R ➔ **GO TO QUESTION 27**

*Interviewer: For questions in this module, refer to your state's policy on reporting any suspected incidents of abuse and neglect. For this survey, record only reports of current abuse.*

22. You said that you have people who help you. Do the people who help you treat you the way you want them to?

Yes ..... 01 ➔ **GO TO QUESTION 23**  
No ..... 02  
DON'T KNOW ..... DK ➔ **GO TO QUESTION 23**  
REFUSED ..... R ➔ **GO TO QUESTION 23**

22a. How often do they not treat you the way you want them to? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the Time ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

23. Do the people who help you listen carefully to what you ask them to do?

Yes ..... 01 ➔ **GO TO QUESTION 24**  
No ..... 02  
DON'T KNOW ..... DK ➔ **GO TO QUESTION 24**  
REFUSED ..... R ➔ **GO TO QUESTION 24**

23a. How often do they not listen to you? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the time ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

24. Have you ever been physically hurt by any of the people who help you now?

Probe: Physically hurt means someone could have pushed, kicked, or slapped you.

- Yes ..... 01
- No ..... 02      ➔ GO TO QUESTION 25
- DON'T KNOW ..... DK      ➔ GO TO QUESTION 25
- REFUSED ..... R      ➔ GO TO QUESTION 25

24a. What happened when the people who help you now physically hurt you?

---



---



---



---

- DON'T KNOW ..... DK
- REFUSED ..... R

24b. How many times have you been physically hurt by the people who help you now?

Probe: Your best guess is fine.

[            ]  
Times

- DON'T KNOW ..... DK
- REFUSED ..... R

25. Are any of the people who help you now mean to you or do they yell at you?

Probe: Do they treat you in a way that makes you feel bad or do they hurt your feelings?

- Yes ..... 01
- No ..... 02      ➔ GO TO QUESTION 26
- DON'T KNOW ..... DK      ➔ GO TO QUESTION 26
- REFUSED ..... R      ➔ GO TO QUESTION 26

25a. How often are they mean to you? Would you say only sometimes or most of the time?

- Sometimes ..... 01
- Most of the Time..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

26. Have any of the people who help you now ever taken your money or things without asking first?

- Yes ..... 01
- No ..... 02      ➔ GO TO QUESTION 27
- DON'T KNOW ..... DK      ➔ GO TO QUESTION 27
- REFUSED ..... R      ➔ GO TO QUESTION 27

26a. How many times have they taken your money or things without asking first?

Probe: Your best guess is fine.

[ ]  
Times

DON'T KNOW ..... DK  
REFUSED ..... R

**MODULE 5: COMMUNITY INTEGRATION AND INCLUSION**

27. I'd like to ask you a few questions about things you do. Can you see your friends and family when you want to see them?

*Interviewer: Code "yes" if respondent indicates that they have either gone to see friends or family or that friends and family have come to visit them.*

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 28**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 28**  
REFUSED ..... R      ➔ **GO TO QUESTION 28**

27a. How often do you see your friends and family when you want to see them? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the Time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

28. Can you get to the places you need to go, like work, shopping, or the doctor's office?

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 29**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 29**  
REFUSED ..... R      ➔ **GO TO QUESTION 29**

28a. How often do you get to the places you need to go, like work, shopping, or the doctor's office? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the Time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

29. Is there anything you *want* to do outside [the facility/your home] that you can't do now?

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 30**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 30**  
REFUSED ..... R      ➔ **GO TO QUESTION 30**

29a. What would you like to do that you don't do now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DON'T KNOW ..... DK  
REFUSED ..... R

29b. What do you need to do these things?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DON'T KNOW ..... DK  
REFUSED ..... R

30. When you go out, can you go by yourself or do you need help?

Go out Independently ..... 01      ➔ GO TO QUESTION 31  
Need Help ..... 02                      ➔ GO TO QUESTION 31  
DON'T KNOW ..... DK                  ➔ GO TO QUESTION 31  
REFUSED ..... R                          ➔ GO TO QUESTION 31

30a. Please think about *all* the help you received during the last week with *getting around the community*, such as shopping and going to a doctor's appointment, do you need *more* help getting around than you are receiving?

Yes ..... 01  
No ..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

31. **[AFTER TRANSITION ONLY]** Are you working for pay right now?

Probe: Do you get any money for doing work?

Yes ..... 01                              ➔ GO TO QUESTION 32  
No ..... 02                                ➔ GO TO QUESTION 32  
DON'T KNOW ..... DK                ➔ GO TO QUESTION 32  
REFUSED ..... R                        ➔ GO TO QUESTION 32

31a. **[AFTER TRANSITION ONLY]** Do you want to work for pay?

- Yes ..... 01
- No ..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

32. **[AFTER TRANSITION ONLY]** Are you doing volunteer work or working without getting paid?

Probe: Are you doing work but not getting any money for it?

- Yes ..... 01      ➔ **GO TO QUESTION 33**
- No ..... 02
- DON'T KNOW ..... DK      ➔ **GO TO QUESTION 33**
- REFUSED ..... R      ➔ **GO TO QUESTION 33**

32a. **[AFTER TRANSITION ONLY]** Would you like to do volunteer work or work without getting paid?

Probe: would you like to do work without getting paid for it?

- Yes ..... 01
- No ..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

33. I'd like to ask you a few questions about how you get around. Do you go out to do fun things in your community?

Probe: These are things that you enjoy such as going to church, the movies or shopping?

- Yes ..... 01
- No ..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

34. When you want to go somewhere, can you just go, do you have to make some arrangements, or do you have to plan many days ahead and ask people for help?

- Decide and Go ..... 01
- Plan Some ..... 02
- Plan Many Days Ahead ..... 03
- DON'T KNOW ..... DK
- REFUSED ..... R
- N/A ..... NA

35. Do you miss things or have to change plans because you don't have a way to get around easily?

Probe: Do you have to miss things because it is hard for you to get there?

- Yes ..... 01
- No..... 02
- Sometimes ..... 03
- DON'T KNOW ..... DK
- REFUSED ..... R

36. Is there any medical care, such as a medical treatment or doctor's visits, which you have not received or could not get to within the past month?

Probe: The medical care includes doctor visits or medical treatments that you may need.

- Yes ..... 01
- No..... 02
- DON'T KNOW ..... DK
- REFUSED ..... R

## MODULE 6: SATISFACTION

37. Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?

- |                     |                      |
|---------------------|----------------------|
| Happy..... 01       | ➔ GO TO QUESTION 37a |
| Unhappy..... 02     | ➔ GO TO QUESTION 37b |
| DON'T KNOW ..... DK | ➔ GO TO QUESTION 38  |
| REFUSED ..... R     | ➔ GO TO QUESTION 38  |

37a Would you say you are a little happy or very happy?

- A little happy ..... 01 ➔ **GO TO QUESTION 38**
- Very happy ..... 02 ➔ **GO TO QUESTION 38**
- Don't Know ..... DK ➔ **GO TO QUESTION 38**
- Refused ..... R ➔ **GO TO QUESTION 38**

37b Would you say you are a little unhappy or very unhappy?

- A little unhappy ..... 01
- Very unhappy ..... 02
- Don't Know ..... DK
- Refused ..... R

38. Taking everything into consideration, during the past week have you been happy or unhappy with the way you live your life?

- Happy ..... 01 ➔ **GO TO QUESTION 38a**
- Unhappy ..... 02 ➔ **GO TO QUESTION 38b**
- DON'T KNOW ..... DK ➔ **GO TO QUESTION 39**
- REFUSED ..... R ➔ **GO TO QUESTION 39**

38a. Would you say you are a little happy or very happy?

- A little happy ..... 01 ➔ **GO TO QUESTION 39**
- Very happy ..... 02 ➔ **GO TO QUESTION 39**
- Don't Know ..... DK ➔ **GO TO QUESTION 39**
- Refused ..... R ➔ **GO TO QUESTION 39**

38b. Would you say you are a little unhappy or very unhappy?

- A little unhappy ..... 01
- Very unhappy ..... 02
- Don't Know ..... DK
- Refused ..... R

## MODULE 7: HEALTH STATUS

39. During the past week have you felt sad or blue?

- Yes ..... 01
- No ..... 02 ➔ **GO TO QUESTION 40**
- DON'T KNOW ..... DK ➔ **GO TO QUESTION 40**
- REFUSED ..... R ➔ **GO TO QUESTION 40**

39a. How often have you felt sad and blue? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the Time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

40. During the past week have you felt irritable?

Probe: Irritable means grumpy or easily upset about things in your life.

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 41**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 41**  
REFUSED ..... R      ➔ **GO TO QUESTION 41**

40a. How often have you felt irritable? Would you say only sometimes or most of the time?

Probe: Irritable means grumpy or easily upset about things in your life.

Sometimes ..... 01  
Most of the Time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R

41. During the past week have you had aches and pains?

Yes ..... 01  
No ..... 02      ➔ **GO TO QUESTION 42**  
DON'T KNOW ..... DK      ➔ **GO TO QUESTION 42**  
REFUSED ..... R      ➔ **GO TO QUESTION 42**

41a. How often do you have aches and pain? Would you say only sometimes or most of the time?

Sometimes ..... 01  
Most of the Time..... 02  
DON'T KNOW ..... DK  
REFUSED ..... R



## CLOSEOUT

42. Those are all the questions I have you now. We would like to talk with you in about a year or so to find out how you are doing. In case we have trouble reaching you, what is the name, address, and phone number of a close relative or friend who is not living with you and is likely to know your location in the future? For example, a mother, father, brother, sister, aunt, uncle, or close friend.

No Contact Available..... 01      ➔ **GO TO QUESTION 43**  
Contact Available ..... 02

42a. Contact Name: \_\_\_\_\_

42b. Contact Street Address: \_\_\_\_\_

42c. Contact City: \_\_\_\_\_

42d. Contact State: \_\_\_\_\_

42e. Contact ZIP \_\_\_\_\_

42f. Contact Phone: \_\_\_\_\_

43. *Interviewer: Did you complete the interview with the sample member alone, the sample member who was assisted by another, or with a proxy?*

Sample Member Alone..... 01  
Sample Member with Assistance ..... 02  
Proxy ..... 03

44. *Interviewer: Record date the interview was completed:*

[\_\_\_\_\_] [\_\_\_\_\_] [\_\_\_\_\_]
Month Day Year

➔ END INTERVIEW

## Re-imagining What's Possible OPWDD's Transformation

In 2013, New York State and the federal Centers for Medicare & Medicaid Services (CMS) identified a series of goals for the OPWDD service system that will improve opportunities for individuals with developmental disabilities in the areas of *employment, integrated living, and self-direction of services*. These goals are captured in a transformation agreement and include:

- *Developing new service options allowing for more self-direction of services;*
- *Creating a specialized managed care system that recognizes the unique needs of people with developmental disabilities;*
- *Ensuring that people live in the most integrated community settings;*
- *Increasing the number of individuals who are competitively employed;*
- *Measuring quality of supports by looking at personal outcomes for people; and*
- *Ensuring sustainable and transparent funding.*

OPWDD is now working to achieve specific goals in each of the above areas. As always, individuals with developmental disabilities, family members, and service providers will be essential partners in transforming the system to be more person-focused – to support individuals to experience greater self-direction and personal choice in their lives, and to reach their own personal goals in the most integrated settings possible.

### Residential Transitions

The U.S. Supreme Court's landmark decision in *Olmstead v. L.C.* (1999) requires states to support people in the most integrated settings possible. In accordance with that decision and its transformation agreement with CMS, New York State is closing its campus-based developmental centers and offering people who reside in other institutional settings like community-based Intermediate Care Facilities (ICFs) the opportunity to live more integrated lives. Over the next few years, OPWDD will offer opportunities for the individuals who currently live in these settings to move into group homes, Family Care homes, family homes and private apartments. In doing so, OPWDD is committed to ensuring that *individuals will continue to have their needs met, whether they choose to move to a smaller, more integrated setting or not*. For those who choose to move, however, this means that new kinds of supports will be available in community settings, allowing greater community integration and quality of life.

The Self-Advocacy Association of New York State (SANYS) is providing peer-based outreach to individuals with developmental disabilities who reside in ICFs and nursing homes to inform them of opportunities to move to community settings. Families and other advocates are invited to attend these outreach visits to hear about the benefits individuals with developmental disabilities have experienced by living in community settings and help their loved one understand what might be possible for him or her.

*SANYS outreach visits will NOT automatically trigger a move for anyone.* If someone expresses an interest in learning more about community living, his or her name will be forwarded to OPWDD and residential managers who will begin discussions about what kind of community supports might be possible for that individual.

### **Facts to Remember:**

*OPWDD is transforming its service system to support people in community settings and to provide greater opportunity for individuals to direct their own supports and experience employment.*

*Individuals will continue to have their unique needs met, whether they choose to move to a smaller, more integrated setting or not.*

*SANYS outreach visits will NOT automatically trigger a move for anyone.*

For more information on OPWDD's Transformation and Residential Transitions, visit <http://www.opwdd.ny.gov/transformation-agreement/home>.



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

Attachment E - MFP March 2015 Overview Presentation

# Money Follows the Person (MFP) Stakeholder Advisory Committee Meeting

## **Mark Kissinger**

Director, Division of Long Term Care (DLTC)  
Office of Health Insurance Programs  
New York State Department of Health (DOH)

## **Kerry Delaney**

Acting Commissioner  
New York State Office for People With Developmental Disabilities (OPWDD)

March 4, 2015

# Agenda

- Welcome and Introduction
- OPWDD Update on MFP Projects
- Transition Center Project - Peer Outreach and Referral
- Managed Long Term Care (MLTC) Roll-out Update
- MFP Sustainability Planning Update
- Discussion/Questions and Answers

# Money Follows the Person

- In January 2007, the federal Centers of Medicare and Medicaid Services (CMS) approved New York State's application to participate in the MFP Federal Rebalancing Demonstration Program.
- The goals of the program are to:
  - Eliminate barriers or mechanisms, whether in the state law, the state Medicaid plan, the state budget, or otherwise, that prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for long term care services in the settings of their choice.
  - Increase the ability of the state Medicaid program to assure continued provision of home and community-based long term care services to eligible individuals who choose to transition from an institutional to a community setting.
  - Ensure that procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long term care services and to provide for continuous quality improvement.



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

Attachment E - MFP March 2015 Overview Presentation

# OPWDD Update on MFP Projects

**Kate Marlay**

Acting Deputy Commissioner

Division of Person-Centered Planning

**Lucinda Grant-Griffin**

Director

Office of Home and Community Living



# OPWDD Update

- In 2014, OPWDD assisted 133 people to transition to MFP qualifying settings.
- Goal for 2014 was 215.
- New 2015 Goal = 357 (280 plus the unmet number from 2014)
- OPWDD exceeded its 2014 goal of providing peer-based outreach to more than 800 individuals in Intermediate Care Facilities (ICFs) and Developmental Centers (DCs).
- The Self-Advocacy Association of New York State (SANYS) mobilized that peer outreach effort in 2013 and 2014.
- In 2014, OPWDD helped a total of 598 individuals to move into community settings (133 were enrolled in MFP).
- To date in 2015, OPWDD has assisted 43 individuals to transition to community settings and 13 to enroll in MFP.
- In 2015, OPWDD will close the O.D. Heck DC in Schenectady and the Brooklyn DC.

# OPWDD Update

- OPWDD's participation in MFP occurs within a larger de-institutionalization initiative – our DC closures and an ICF Transition Plan (both part of our system transformation).
- MFP supports the goal of ensuring each person is supported in the most integrated setting possible.
- Because of the larger initiative, OPWDD is helping many people leave DCs and ICFs who will not participate in MFP (i.e., not move into an MFP qualifying setting).

# Outreach Video

- To showcase, through various media, stories of individuals who have left institutional settings and are now supported successfully in community settings.
- Will demonstrate a wide range of individual needs being met.
- Will convey the experience of individuals in making the transition to community services.
- Will be made available to providers and the New York Association on Independent Living (NYAIL) to use in communicating with individuals and families.
- Expected to be completed by Summer 2015.

# Housing Counselor Training

- MFP/DOH provided \$77,400 to the Office of Home & Community Living to obtain the services of NeighborWorks America's Place-Based Training Division.
- NeighborWorks is a nonprofit organization that provides grants and technical assistance to community development organizations and provides training for housing and community development professionals.
- Certification/training will take place the week of June 1 to 5, 2015.
- A Regional Train-the-Trainer Program will follow the one-week certification/training.

# Housing Counselor Training

- OPWDD received MFP funds to Certify/Train Housing Specialists:
  - Certification/Training will include Homeownership Counseling Certification: Principles, Practices and Techniques.
  - Training will include a Rental Counseling Component.
  - Training will also include a component on “Making Homes that Work.”
  - Participants MUST complete the entire one-week training in order to become Certified as a Housing Specialist.



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

Attachment E - MFP March 2015 Overview Presentation

# **Transition Center Project Peer Outreach and Referral Program**

**Lindsay Miller**

Executive Director

New York Association on Independent Living

# New York Association on Independent Living (NYAIL)

- A statewide, not-for-profit membership association of Independent Living Centers (ILCs).
- NYAIL's mission is improving the quality of life, safeguarding the rights, and ensuring equal opportunities for all people with disabilities, as well as promoting the Independent Living philosophy both within the disability community and to the public.
- ILCs are unique, disability-led, cross-disability, locally administered, not-for-profit organizations, providing advocacy and supports to assist people with disabilities of all ages to live independently and fully integrated in their communities.

# Independent Living Philosophy

- Independent Living means controlling and directing your own life.
- It means taking risks and being allowed to succeed and fail on your own terms.
- It means participating in community life and pursuing activities of your own choosing.
- Independent Living is knowing what choices are available, selecting what is right for you, and taking responsibility for your own actions.



# Independent Living in New York

- ILCs have been transitioning and diverting people from institutions for more than 20 years.
- ILCs are Regional Resource Development Centers (RRDCs) for Nursing Home Transition Diversion (NHTD)/Traumatic Brain Injury (TBI) waivers, as well as providers of services.
- RRDCs administer the NHTD waiver program initiatives at the regional level under the direction of the DOH Waiver Management staff. The RRDC is responsible for managing the waiver with an emphasis on ensuring participant choice, availability of waiver service providers, and cost effectiveness of waiver services within its contracted region.
- ILCs are fiscal intermediaries for the Consumer Directed Personal Assistance Services (CDPAS) program.
- One ILC is the regional lead for the New York State Office for the Aging Ombudsman Program.

# Transition Center Project

- **Goal:** Identify potential participants in nursing facilities, DCs, and ICFs, and facilitate successful transitions.
- **Structure**
  - Nine Regional Lead ILCs
    - Transition Coordinator/Liaison
    - Transition Specialist(s)
  - 14 Auxiliaries ILCs
    - Transition Specialist(s)
  - NYAIL Staff
    - Project Director
    - Statewide Transition Specialist
    - Two Nurses
    - Social Workers

# Self-Advocacy Association of New York State (SANYS)

- SANYS is a not-for-profit organization that helps to start and support self-advocacy groups.
- It delivers presentations on disability awareness, self-advocacy leadership training, individualized, self-directed services and choice-making.
- It provides learning and networking opportunities for self-advocates and advocates for system change to a more person-centered, individually-directed system of supports.

# Working in Partnership

**NYAIL will partner with SANYS to assist with OPWDD transitions as needed, including:**

- Trainings
- Consultation
- Family Support

## **Outreach**

- Nursing Facilities
- Ombudsman Program
- Resident Councils
- Long Term Care Councils
- Senior Housing Meetings/Managers
- Office for Aging
- Service Providers
- Senior Centers
- Word of Mouth

# Transition Specialist Role

## NHTD/TBI Waivers

- Work collaboratively with the Nursing Home Discharge Planner (NHDP) and Service Coordinators to resolve barriers to transition.
- Identification of Community Resources
  - ILC staff in all areas of state
- Follow-up after transition
  - Quality of Life Surveys

## OPWDD

- Work collaboratively with treatment team for smooth transition
- Assist with selecting Medicaid Service Coordinators.
- Work with team on plan that is person-centered and focused on independence
- Follow-up to ensure plan works for individual
- Quality of Life Surveys

# Community Preparedness Education

## What does the person need Day One in the community?

- Budgeting/Bill Paying
- Medication – Self Administration
- Meal Preparation
- Feeding Self
- Shopping
- Bathroom Use
- Dressing Self

# Barrier Identification and Resolution

## Barrier Identification

- Individual vs Systemic
- Housing
- Personal Care Aides
- Family Concerns

## Resolution

- Feedback loop to DOH and OPWDD
- Creativity

# Peer Services

- Transition Specialists will offer peer services to all MFP participants.
- Peers will conduct a face-to-face meeting within 10 days of referral or document barriers to meeting.

## Who qualifies?

- Peers will approximate the characteristics of the individuals (age, physical and/or developmental disability);
- When possible, peers will have transitioned from an institutionalized setting into the community.



# Peer Outreach & Referral Program

- **Goal:** Provide peer support to individuals and/or their families concerned about transitioning.
- **Structure:**
  - Fee-for-service (FFS) model: NYAIL has entered into memoranda of understanding with ILCs and SANYS to supply peers.
  - Twenty centers participating; each committed to supplying a minimum of two paid peers.
  - Peers are available in every county.
  - NYAIL will recruit 55 peers and train 50.

# Peer Training

**All peers will complete a paid eight-hour, web-based training. Training themes include:**

- Program rules and regulations.
- Overview of peer support.
- Communication and active listening.
- Disability etiquette.
- Cultural, developmental and linguistic competence.
- History of disability rights and independent living.

# Generating Referrals

- OPWDD will provide NYAIL with a list of participants residing in Skilled Nursing Facilities, DCs and ICFs targeted for transition.
- People residing in DOH nursing facilities will also have opportunity to transition.
- In most cases, one of the 40 Transition Specialists (TS) will be the first line of contact with individuals.
- All TSs will ask individuals if they want to meet with a peer and provide face sheets.
- If an individual is interested in speaking with a peer, TS will refer to NYAIL, who will refer to the ILC(s) covering that region or directly to peer if selected through face sheet.
- Peers will be approved for a minimum number of outreach activities.

# Peer Visits

- Peers will meet face-to-face with individuals to discuss the possibility of transition, help address any barriers, share personal experiences, etc.
- At the end of the first visit, peers will request the individual complete a brief satisfaction survey.
- An individual can request an additional visit with a peer, and, if approved by NYAIL, the peer can spend a pre-approved number of hours with the individual.
- The peer will complete a report for each visit through the online reporting system for submission to NYAIL.

# Database Development

- Customized database to serve as functional method of record keeping.
- Automated notifications to appropriate staff of referrals and visit/follow up notes.
- Documents individual and organizational barriers.
- Tracks metrics as required by DOH for reporting.
- Automated monthly reports/invoices.
- Quarterly reports will be generated to assess compliance with program standards
- Users can query data and identify trends to support needs assessment.

# NYAIL Staff Contact Information:

**Lindsay Miller**, Executive Director

[lmiller@ilny.org](mailto:lmiller@ilny.org)

**Suzanne de Beaumont**, Transition Center Project Director

[sdebeaumont@ilny.org](mailto:sdebeaumont@ilny.org)

**Zach Garafalo**, Peer Outreach and Referral Program Director

[zgarafalo@ilny.org](mailto:zgarafalo@ilny.org)

# Organizational Contact Information:

## **New York Association on Independent Living**

99 Washington Ave, Suite 806A  
Albany, NY 12210  
518-465-4650

<http://www.ilny.org>



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

Attachment E - MFP March 2015 Overview Presentation

# Managed Long Term Care Roll-out Update

**Margaret Willard**

Director, Bureau of Managed Long Term Care  
Division of Long Term Care (DLTC)  
Office of Health Insurance Programs  
New York State Department of Health (DOH)



# Key Programs That Must Move Into MLTC

- Community based long term care (CBLTC) programs that must move into a Managed Care Model include:
  - Personal Care Services
  - Consumer Directed Personal Assistance Services
  - Home Health Services
  - Adult Day Health Care
  - Private Duty Nursing

# MLTC Statewide Enrollment Status Update

**Phase I:** Began in September 2012, in the five counties of New York City: New York, Kings, Bronx, Queens, and Richmond counties. ✓

**Phase II:** Nassau, Suffolk and Westchester counties. ✓

**Phase III:** Rockland and Orange Counties. ✓

**Phase IV:** Albany, Erie, Onondaga, and Monroe counties. ✓

**Phase V:** Other upstate counties with capacity, as approved.

**Phase VI:** Previously excluded dual eligible groups contingent upon development of appropriate programs.

# MLTC Statewide Enrollment

## Statewide Enrollees in MLTC as of February 1, 2015

New York City:	117,832
Rest of the state:	21,397
<b>Total:</b>	<b>139,229</b>

## Types of Plans

Partial

Program of All-Inclusive Care for the Elderly (PACE)

Medicaid Advantage Plus (MAP)

**Total:**

## Number Actively Enrolling

33 (25 serve New York City)

8 (2 serve New York City)

8 (8 serve New York City)

**49**

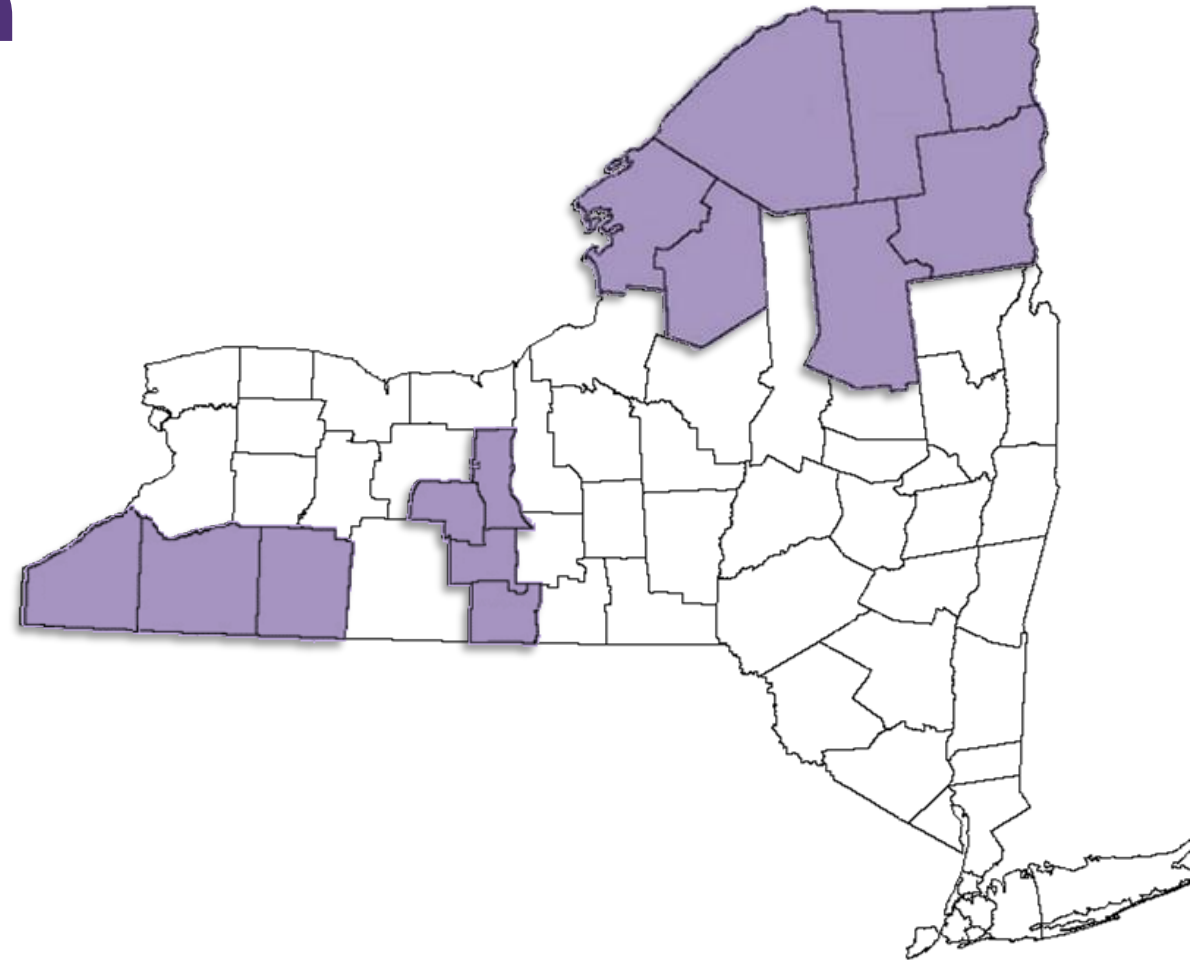
# Types of MLTC Plans

- A MLTC plan is a private health plan that provides your Medicaid long term care benefits.
- As of January 1, 2015, enrollees have a choice of four MLTC Plan types:
  - **Partially Capitated MLTC** (Medicaid)
    - Benefit package is Long Term Care and ancillary services, including Home Care and unlimited NH care.
  - **PACE** (Medicare and Medicaid)
    - Benefit package includes all medically necessary services – primary, acute, and Long Term Care.
  - **MAP** (Medicare and Medicaid)
    - Benefit package includes primary, acute, and Long Term Care services (excludes specialized Mental Health services).
  - **Fully Integrated Dual Advantage (FIDA)** (Medicare and Medicaid) in demonstration counties only.
    - Benefit package includes Medicare Part A, Part B and Part D (prescription medicines) and Medicaid services (home or nursing care and Behavioral Health services).

# MLTC Upstate Transition

Counties left to complete the transition, upon approval by CMS, are the Southern Tier counties of **Allegany, Cattaraugus, Chautauqua, Chemung, Schuyler, Seneca, and Yates**; and the North Country counties of **Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, and St. Lawrence**.

DOH submitted Cattaraugus County for transition in February and has been approved by CMS and the transition process has begun.



# MLTC Transition

- Many upstate plans are new to working with NY Medicaid Choice. DOH conducts conference calls, provides training and technical assistance during the transition.
- In each district, DOH, in partnership with NY Medicaid Choice, provides education to providers and stakeholders on the change in the delivery of long term care services.
- When the state receives CMS final approval to “shut the front door” to new referrals for community based long term care service, a date will be mutually agreed to.
- This date identifies when the LDSS will close the “front door” or no longer accept requests for CBLTC programs included in MLTC.
- As transitions happen, the Bureau of MLTC staff initiate calls with districts and shares the list of Plans approved to operate in each district.

# MLTC Letters and Outreach

- NY Medicaid Choice staff will:
  - Provide consumers with information about what plans are available in their district.
  - Educate consumers about how to navigate the managed care system.
  - Assist consumers with the enrollment process and transferring to another plan.
  - Assist consumers in filing complaints.
  - Validate selected home care provider affiliations with managed care plan.
  - Process enrollments into Partial plans for consumers who received mandatory notices.

# Receiving Care in a MLTC Plan

- Each enrollee that transitions MLTC has continuity of care under the enrollee's pre-existing service plan for at least 90 days, or until a care assessment has been completed by the Plan, whichever is later.
- Each enrollee will have a:
  - Person-centered plan of care, and
  - Care Manager who will ask about service needs and assist the enrollee and family in developing a plan of care that meets the enrollees specific needs. The care manager also coordinates the delivery of services and outreaches to enrollee, at minimum, on a monthly basis.



# MLTC Enrollee Rights

- An enrollee can file a complaint or grievance. This can be done verbally or in writing.
- An enrollee can file an appeal for reconsideration of a decision. There are two types of appeals:
  - **Expedited Appeal** – responded to within 72 hours by telephone, fax or other available method. Written notification follows.
  - **Standard Appeal** – responded to within 14 days. The plan must send written notice to the member within two business days of the determination.
- An enrollee can file for a Fair Hearing. This can be done verbally or in writing. The target timeframe for fair hearing resolution should be within 60 days of the request for the hearing.

# Participant Ombudsman – ICAN

- Individuals can also call the Participant Ombudsman program, known as the **Independent Consumer Advocacy Network (ICAN)**, which was launched on December 1, 2014.
- ICAN provides Participants with direct assistance in navigating their coverage, but in understanding and exercising their rights and responsibilities.
- ICAN also serves MLTC, FIDA, and Medicaid Managed Care (MMC) enrollees who receive long term services and supports.
- The call center receives calls from the **entire** state.
- The network can be reached by calling **1-844-614-8800** or online at: [www.icannys.org](http://www.icannys.org).

# Conflict-Free Evaluation and Enrollment Center (CFEEC) Overview

- On October 1, 2014, the state implemented a CFEEC for individuals seeking Community Based long term care services for more than 120 days in Manhattan and the Bronx.
- The state was required to develop an independent and conflict-free LTSS evaluation process, in accordance with New York State's Special Terms and Conditions (STC) #28.
- The CFEEC is operational in New York City, Nassau, Suffolk, Westchester, and in many upstate counties.

# CFEEC Roll-Out Schedule

- CFEEC Region 4 implementation is underway as of March 1<sup>st</sup>, in the following counties:
  - East Hudson (**Columbia, Dutchess, and Putnam** counties).
  - Catskill (**Rockland, Orange, Ulster, Greene, and Sullivan** counties).
  - Capital (**Warren, Washington, Saratoga, Fulton, Montgomery, Schoharie, Schenectady, Albany, and Rensselaer** counties).
  - Other (**Erie, Monroe, and Onondaga** counties).

# CFEEC Roll-Out Schedule

- **Region 5 – To be phased-in April 2015:**
  - Southern Tier (Broome, Chenango, Cortland, Delaware, Otsego, Tioga, and Tompkins counties)
  - Finger Lakes (Cayuga, Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties)
  - Western (Allegany, Cattaraugus, Chautauqua, Genesee, Niagara, Orleans, and Wyoming counties)
- **Region 6 – To be phased-in May 2015:**
  - Central (Herkimer, Jefferson, Lewis, Madison, Oneida, and Oswego counties)
  - Northern (Clinton, Essex, Franklin, Hamilton, and St. Lawrence counties)

# Schedule for Nursing Home (NH) Transition

- Transition of the NH population and benefit into MMC began February 1, 2015 in **New York City counties of the Bronx, Kings, New York, Queens, and Richmond.**
- Long term NH care is presently a benefit for enrollees of MLTC. However, MLTC enrollees will no longer be able to disenroll into FFS NH placement.
- All eligible recipients over age 21 in need of long term/custodial placement will be required to enroll in a MMC Plan or MLTC Plan.
- Current custodial care beneficiaries in a skilled Nursing Facility prior to February 1, 2015, will remain FFS and will not be required to enroll in a Plan. They can join voluntarily later this fall.

# NH Transition Phase-In Schedule

Month	County
<b>Phase 1</b> February 1, 2015	New York City – Bronx, Kings, New York, Queens, and Richmond counties
<b>Phase 2</b> April 1, 2015	Nassau, Suffolk, and Westchester counties
<b>Phase 3</b> July 1, 2015	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, and Yates counties
October 1, 2015	Voluntary enrollment in MMC becomes available to individuals residing in NHs who are in FFS Medicaid.





**Department  
of Health**

**Office of  
Health Insurance  
Programs**

Attachment E - MFP March 2015 Overview Presentation

# Money Follows the Person Sustainability Planning

**Dave Hoffman**

Director, Bureau of Community Integration and Alzheimer's Disease  
Division of Long Term Care (DLTC)  
Office of Health Insurance Programs  
New York State Department of Health (DOH)



# MFP Sustainability Planning

- MFP Grantee States are required to develop a sustainability plan.
- Sustainability planning is an ongoing process.
- MFP will submit the plan to CMS for review and approval by April 30, 2015.
- The plan will ensure funding for MFP through September 30, 2020.

# MFP Sustainability Planning

- What does sustainability mean to MFP?
- Why are we doing a sustainability plan?

# Contact us:

MFP Website:

[https://www.health.ny.gov/facilities/long\\_term\\_care/money\\_follows\\_the\\_person/](https://www.health.ny.gov/facilities/long_term_care/money_follows_the_person/)

Questions should be sent to [MFP@health.ny.gov](mailto:MFP@health.ny.gov)

Subscribe to our listserv:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/listserv.htm](http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm)



Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

Service	Unit of Service	Rate	Description	Target Population
<b>Day Habilitation*</b>  <b>Group</b> <b>Supplemental</b> <b>Individual</b> <b>(OPWDD)</b>	Daily Daily Hourly	\$162.00** \$192.00** \$46.82**	Habilitation services that assist with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, travel and adult education that regularly takes place in a non-residential setting.	ID/DD
<b>Family Care Residential Habilitation*</b> <b>(OPWDD)</b>	Daily	\$63.67**	Living arrangement which places an individual with a family. Individualized habilitation services and supports assist with the acquisition, retention or improvement in skills related to living in the community.	ID/DD
<b>Live-in Caregiver *</b> <b>(42CFR §441.303(f)(8))</b> <b>(OPWDD)</b>	Monthly	\$495.00**	An unrelated care provider who resides in the same household as the waiver participant and provides supports as needed.	ID/DD
<b>Prevocational Services*</b> <b>(OPWDD)</b>	Daily	\$127.77**	Habilitation services that provide learning and work experiences, including volunteering, where participants can develop general, on-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings.	ID/DD
<b>Residential Habilitation (Supervised)*</b> <b>(OPWDD)</b>	Daily	\$330.90**	Habilitation services that occur in small-sized certified settings that assist with the acquisition, retention or improvement in skills related to living in the community. Supervised model residences provide staff support whenever individuals are present in the home.	ID/DD
<b>Residential Habilitation (Supportive)*</b> <b>(OPWDD)</b>	Monthly	\$3806.51	Habilitation services that occur in small-sized certified settings that assist with the acquisition, retention or improvement in skills related to living in the community. Supportive model residences provide staff support that varies according to an individual's need.	ID/DD
<b>Respite*</b> <b>Agency Managed</b> <b>Self-Directed</b> <b>(OPWDD)</b>	Hourly	\$20.41 \$18.01	Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. May be provided in the individual's home or at a certified site.	ID/DD
<b>Supported Employment (SEMP)*</b> <b>Agency Provided</b> <b>Self-Directed</b> <b>(OPWDD)</b>	Monthly Hourly	\$515.00 \$20.00	Individualized services and supports to assist people with developmental disabilities in obtaining or maintaining a job in a competitive employment.	ID/DD

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

<b>Fiscal Intermediary* (OPWDD)</b>	Monthly	\$550.00	The Fiscal Intermediary supports the self-directing individual with billing and payment of approved goods and services, fiscal accounting and reporting, ensuring Medicaid and corporate compliance, and general administrative supports.	ID/DD
<b>Individual Directed Goods and Services* (OPWDD)</b>	Monthly	\$420.00	Services, equipment and supplies not otherwise provided through HCBS Waiver or Medicaid State Plan services that addresses an identified need in an individual's service plan.	
<b>Support Brokerage* (OPWDD)</b>	Hourly	\$40.00**	Support brokers assist waiver participants, or the participant's family or representative as appropriate, to self-direct and manage some or all of their waiver services and/or to experience the greatest degree of community integration possible. They may assist in development of a service plan and budget, in the transition to self-direction and in learning about alternatives for receiving services in the most integrated settings.	ID/DD
<b>Assistive Technology - Adaptive Devices* (OPWDD)</b>	Unit/Cost	\$3168.11**	Assistive technology provides devices, aids, controls, and appliances to enhance independence.	ID/DD
<b>Community Habilitation* Agency Managed Self-Directed (OPWDD)</b>	Hourly Hourly	\$34.23** \$20.00**	Habilitation supports and services provided to individuals that occur largely in the community and promote independence and community integration. An individual may choose to self-direct Community Habilitation services.	ID/DD
<b>Community Transition Services* (OPWDD)</b>	Unit/Cost	\$3000.00**	A service that provides non-recurring set-up expenses for individuals who are transitioning from an institutional or other provider-operated living arrangement to a living arrangement in private residence in the community where the person is directly responsible for his or her own living expenses.	ID/DD
<b>Environmental Modifications (Home Accessibility)* (OPWDD)</b>	Unit/Cost	\$12922.10**	Environmental modifications are physical adaptations to a person's home that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence.	ID/DD
<b>Family Education and Training* (OPWDD)</b>	Semi-Annually	\$55.60**	Educational programs for parents, siblings, and other relatives designed to enhance a family's capacity to care and support a family member with developmental disability living at home.	ID/DD
<b>Intensive Behavioral Services* (OPWDD)</b>	Hourly	\$70.20**	Short-term, outcome-oriented services focused on developing effective behavioral management strategies to ensure health and safety and/or improve quality of life. Services are available in the person's home, and are designed to achieve community stabilization and avoid the individual's placement in	ID/DD

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

			more restrictive living environment due to challenging behavior episodes.	
<b>Pathway to Employment* (OPWDD)</b>	Hourly	\$43.00**	Time-limited services designed to provide individuals with the skills and training necessary for competitive employment.	ID/DD
<b>Plan of Care Support Services* (OPWDD)</b>	Semi-Annually	\$238.99**	Support with the individualized Service Plan development and maintenance for individuals not opting for comprehensive service coordination.	ID/DD
<b>Medicaid Service Coordination (MSC)</b>  <b>Basic Willowbrook Transition-Basic Transition-Willowbrook (OPWDD via State Plan)</b>	Monthly	\$252.98 \$474.34 \$758.94 \$1,423.02	Service coordination assists persons with developmental disabilities and their families in gaining access to services and supports appropriate to their needs. OPWDD delivers almost all service coordination through its Medicaid Service Coordination program (MSC). MSC is provided by qualified service coordinators and uses a person-centered planning process in developing, implementing, and maintaining an Individualized Service Plan.	ID/DD
<b>Assistive Technology (NHTD &amp; TBI)</b>	Unit/Cost	Per item	Equipment that will improve the participant's independence, decrease reliance on staff, and will be a cost-effective aid for community integration. This waiver service supplements State Plan provided Durable Medical Equipment.	Elderly, PD, Dual/TBI
<b>Community Integration Counseling (NHTD &amp; TBI)</b>	Hourly	\$69.93* \$90.91**	Assistance to help the waiver participant cope with altered abilities and skills, revision of long-term expectations, and/or changes in their roles in relation to significant others.	Elderly, PD, Dual/TBI
<b>Community Transitional Services (NHTD &amp; TBI)</b>	Unit/Cost	100% of approved costs	Assistance in transition from a nursing home back to the community: including the cost of moving, essential furnishings, deposits for utilities, security deposits or health and safety assurances, such as pest eradication, allergen control or one-time cleaning prior to occupancy.	Elderly, PD, Dual/TBI
<b>Congregate and Home Delivered Meals (NHTD)</b>	Unit/Cost	Per meal	Meals for waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation.	Elderly, PD
<b>Environmental Modifications Services (NHTD &amp; TBI)</b>	Unit/Cost	100% of approved costs	Internal and external physical adaptations to the home necessary to enable the person to function with greater independence, to assure health and welfare, and/or to prevent institutionalization.	Elderly, PD, Dual/TBI
<b>Home and Community Support Services (NHTD &amp; TBI)</b>	Hourly	\$19.34	Assistance and/or supervision with activities of daily living as well as supervision and oversight.	Elderly, PD, Dual/TBI

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

<b>Home Visits by Medical Personnel (NHTD)</b>	Unit/Cost	20 minutes/ \$40.00	Needed medical care and evaluation of the participant's environment and the capacity of natural supports to support the participant. This service is provided by a physician, nurse practitioner or physician's assistant to waiver participants who are unable to leave their home.	Elderly, PD
<b>Independent Living Skills Training (NHTD &amp; TBI)</b>	Hourly	\$34.97* \$46.35**	Training to improve or maintain the waiver participant's ability to live as independently as possible by focusing on essential community living skills such as task completion, including Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).	Elderly, PD, Dual/TBI
<b>Moving Assistance (NHTD)</b>	Hourly	\$60.00	Transport of the participant's possessions and furnishings when moving from an inadequate or unsafe housing situation to a location where more natural supports will be available.	Elderly, PD
<b>Nutritional Counseling (NHTD)</b>	Hourly	\$80.00* \$93.00**	Assessment, planning, education and counseling for the waiver participant's nutritional needs and food patterns.	Elderly, PD
<b>Peer Mentoring (NHTD)</b>	Hourly	\$25.00	Education, information sharing and self-advocacy training to increase the waiver participant's self-sufficiency in the community and access to needed services, goods and opportunities.	Elderly, PD
<b>Positive Behavioral Interventions and Supports (NHTD &amp; TBI)</b>	Hourly	\$52.45* \$68.19**	Interventions provided to waiver participants whose significant maladaptive behaviors, if continued, would result in the individual being removed from the community.	Elderly, PD, Dual/TBI
<b>Respiratory Therapy (NHTD)</b>	Hourly	\$81.00* \$86.00**	Services providing preventative, maintenance and rehabilitative airway-related techniques and procedures.	Elderly, PD
<b>Respite Care Services (NHTD &amp; TBI)</b>	Hourly	\$334.37 In home (24 hours)	Relief for non-paid primary caregivers of a waiver participant.	Elderly, PD, Dual/TBI
<b>Service Coordination (NHTD &amp; TBI)</b>	Hourly	Initial \$522.32* \$679.02**  Monthly \$382.45* \$497.19**	Assistance with the development and implementation of a person-centered individualized Service Plan that will lead to participant's greater independence and integration into the community.	Elderly, PD, Dual/TBI
<b>Structured Day Program (NHTD &amp; TBI)</b>	Hourly	\$17.05* \$22.17**	Outpatient congregate services including a wide array of interventions and supports ranging from building task-related skills to socially-oriented activities.	Elderly, PD, Dual/TBI

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

<b>Substance Abuse Program Services (TBI)</b>	Hourly	\$34.00	Individually designed interventions to reduce/eliminate the use of alcohol and/or other substances, provided in an outpatient, congregational setting.	Elderly, PD, Dual/TBI
<b>Transportation Services (TBI)</b>	Unit/Cost	Per Trip	This service is offered in addition to medical transportation services required under State Plan. Enables individuals to gain access to waiver and other community services, activities and resources as specified in the Service Plan.	Dual/TBI
<b>Wellness Counseling Service (NHTD)</b>	Unit/Cost	Visit/\$30.00	Intermittent evaluation, counseling and training by a Registered Nurse of waiver participants who have chronic illness but do not need skilled nursing services.	Elderly, PD
<b>CHHA services (State Plan)</b>	Unit/Cost	Varies per episode	Certified Home Health Agencies (CHHAs) provide part-time, intermittent health care and support services to individuals who need intermediate and skilled health care. CHHAs can also provide long-term nursing and home health aide services, can help patients determine the level of services they need, and can either provide or arrange for other services including physical, occupational, and speech therapy, medical supplies and equipment, and social worker and nutrition services.	All
<b>Consumer Directed Personal Assistance Services (State Plan)</b>	Hourly	Varies per county	The Consumer Directed Personal Assistance Program is a self-directed model for nursing, home health, and personal care services. This Medicaid program provides services to chronically ill or physically disabled individuals who have a medical need for help with activities of daily living (ADLs) or skilled nursing services. Services can include any of the services provided by a personal care aide (home attendant), home health aide, or nurse. Recipients have flexibility and freedom in choosing their caregivers and the consumer or the person acting on the consumer's behalf (e.g. the parent of a disabled or chronically ill child) assumes full responsibility for hiring, training, supervising, and – if needed – terminating the employment of persons providing the services.	All
<b>Personal Care Services (State Plan)</b>	Hourly	Varies per county	Personal care services involve providing assistance to individuals with personal hygiene, dressing, feeding and household tasks essential to his/her health. Nutritional, environmental support and personal care functions such as meal preparation, housekeeping represent additional types of personal care services offered.	All
<b>Private Duty Nursing (State Plan)</b>	Hourly	Varies per region	The provision of continuous nursing services by a Registered Nurse or Licensed Practical Nurse that are beyond the scope of a CHHA. Under other circumstances, patients may need only intermittent nursing services which are normally provided by a CHHA but which are unavailable at the time the patient needs them.	All



Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

<b>Adult Day Health Care (State Plan)</b>	Daily	Varies per county	The provision of medically supervised services to individuals with physical or mental impairment who need health maintenance and restorative services to enhance their ability to remain in the community.	All
<b>Durable Medical Equipment (State Plan)</b>	Unit/Cost	Fee schedule	Durable medical equipment are devices and equipment, other than prosthetic or orthotic appliances, which have been ordered by a practitioner in the treatment of a specific medical condition and which have all the following characteristics: can withstand repeated use for a protracted period of time; are primarily and customarily used for medical purposes; are generally not useful in the absence of an illness or injury; are not usually fitted, designed or fashioned for a particular individual's use; and where equipment is intended for use by only one patient, it may be either custom-made or customized.	All
<b>Personal Emergency Response Services (PERS) (State Plan)</b>	Install and Monthly	Varies per region	The provision and maintenance of electronic communication equipment in the home of an individual which signals a monitoring agency for help when activated by the individual or after a period of time if a timer mechanism has not been reset. PERS provides for continuous monitoring of such signals by a trained operator and when indicated, the immediate notification of such emergency response organizations or persons, if necessary, that the individual had previously specified.	All
<p><b>All Managed Long-Term Care (MLTC) services listed below are paid using a capitated rate structure by region:</b> The per-member-per-month rate under the managed long-term care umbrella is reduced by 4% in New York City and 14% in Upstate New York in order to carve out the nursing facility portion.</p>				
<b>Region:</b>				
New York City		\$3,835.61		
Mid-Hudson/Northern Metro		\$3,040.72		
Northeast/Western		\$2,400.09		
Rest of State		\$1,620.55		
<b>Care Management (MLTC)</b>	As Medically Necessary		Care management is a process that assists enrollees to access necessary covered services as identified in the care plan. It also provides referral and coordination of other services in support of the care plan. Care management services will assist enrollees to obtain needed medical, social, educational, psychosocial, financial and other services in support of the care plan irrespective of whether the needed services are covered under the capitation payment of this Agreement.	Elderly, PD

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

<b>Nursing Home Care (MLTC)</b>	As Medically Necessary		Nursing home care is care provided to Enrollees by a licensed facility as specified in Chapter V, 10 NYCRR.	Elderly, PD
<b>Home Care –Nursing (MLTC)</b>	As Medically Necessary		Nursing services include intermittent, part-time and continuous nursing services provided in accordance with an ordering physician’s treatment plan as outlined in the physician’s recommendation. Nursing services must be provided by RNs and LPNs in accordance with the Nurse Practice Act. Nursing services include care rendered directly to the individual and instructions to his family or caretaker in the procedures necessary for the patient’s treatment or maintenance.	Elderly, PD
<b>Home Care- Home Health Aide (MLTC)</b>	As Medically Necessary		Home health aide means a person who carries out health care tasks under the supervision of a registered nurse or licensed therapist and who may also provide assistance with personal hygiene, housekeeping and other related supportive tasks to an enrollee with health care needs in his home. Qualifications of home health aides are defined in 10 NYCRR 700.2(b)(9).	Elderly, PD
<b>Home Care – Physical Therapy (MLTC)</b>	As Medically Necessary		Physical therapy: Rehabilitation services provided by a licensed and registered physical therapist for the purpose of maximum reduction of physical or mental disability and restoration of the Enrollee to his or her best functional level. Medicaid coverage of physical therapy provided in a setting other than a home is limited to 20 visits per calendar year, except for children under age 21 and the developmentally disabled. A MLTC plan may authorize additional visits.	Elderly, PD
<b>Home Care – Occupational Therapy (MLTC)</b>	As Medically Necessary		Occupational therapy: Rehabilitation services provided by a licensed and registered occupational therapist for the purpose of maximum reduction of physical or mental disability and restoration of the Enrollee to his or her best functional level. Medicaid coverage of occupational therapy provided in a setting other than a home is limited to 20 visits per calendar year, except for children under age 21 and the developmentally disabled. A MLTC plan may authorize additional visits.	Elderly, PD
<b>Home Care – Speech Pathology (MLTC)</b>	As Medically Necessary		Speech-language pathology: A licensed and registered speech-language pathologist provides rehabilitation services for the purpose of maximum reduction of physical or mental disability and restoration of the Enrollee to his or her best functional level. Medicaid coverage of speech therapy provided in a setting other than a home is limited to 20 visits per calendar year, except for children under age 21 and the developmentally disabled. A MLTC plan may authorize additional visits.	Elderly, PD
<b>Medical Social Services (MLTC)</b>	As Medically Necessary		Social services are information, referral, and assistance with obtaining or maintaining benefits which include financial assistance, medical assistance, food stamps, or other support programs provided by the DSS, Social Security Administration, and other sources. Social services also involve providing	Elderly, PD

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

			supports and addressing problems in an Enrollee's living environment and daily activities to assist the Enrollee to remain in the community.	
<b>Adult Day Health Care (MLTC)</b>	As Medically Necessary		Adult day health care is care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, mental pharmaceutical, and other ancillary services.	Elderly, PD
<b>Personal Care (MLTC)</b>	As Medically Necessary		Personal care means some or total assistance with such activities as personal hygiene, dressing and feeding, and nutritional and environmental support function tasks. Personal care must be medically necessary, ordered by the Enrollee's physician and provided by a qualified person as defined in 10 NYCRR 700.2(b)(14), in accordance with a plan of care.	Elderly, PD
<b>DME (MLTC)</b>	As Medically Necessary		<p>Durable Medical Equipment (DME), includes medical/surgical supplies, prosthetics and orthotics, and orthopedic footwear, enteral and parenteral formula and hearing aid batteries.</p> <p>Durable medical equipment are devices and equipment, other than prosthetic or orthotic appliances and devices, which have been ordered by a practitioner in the treatment of a specific medical condition and which have the following characteristics:</p> <ul style="list-style-type: none"> <li>• They can withstand repeated use for a protracted period of time;</li> <li>• They are primarily and customarily used for medical purposes;</li> <li>• They are generally not useful in the absence of an illness or injury; and</li> <li>• They are not usually fitted, designed or fashioned for a particular individual's use.</li> </ul> <p>Where equipment is intended for use by only one patient, it may be either custom-made or customized.</p> <p>Medical/surgical supplies are items for medical use other than drugs, prosthetic or orthotic appliances and devices, durable medical equipment or orthopedic footwear which treat a specific medical condition and which are usually consumable, non-reusable, disposable, for a specific purpose and generally have no salvageable value.</p> <p>Prosthetic appliances and devices are appliances and devices, which replace any missing part of the body.</p> <p>Orthotic appliances and devices are appliances and devices used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body.</p>	

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

		<p>Orthopedic footwear are shoes, shoe modifications or shoe additions which are used to correct, accommodate or prevent a physical deformity or range of motion or dysfunction in a diseased or injured part of the ankle or foot; to support a weak or deformed structure of the ankle or foot or to form an integral part of a brace. Medicaid covered prescription footwear is limited to treatment of diabetics, or when the shoe is part of a leg brace (orthotic) or if there are foot complications in children under age 21.</p> <p>Medicaid covered compression and support stockings are limited to coverage only for pregnancy or treatment of venous stasis ulcers.</p> <p>Medicaid coverage of enteral formula and nutritional supplements is limited to individuals who cannot obtain nutrition through any other means, and to the following three conditions: 1) Individuals who are fed via nasogastric or gastrostomy tube; 2) Individuals with rare inborn metabolic disorders; and 3) Children up to age 21 who require liquid oral enteral nutritional formula when there is documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized. Coverage of certain inherited disease of amino acid and organic acid metabolism shall include modified solid food products that are low protein or which contain modified protein.</p>	
<p><b>Personal Emergency Response System (MLTC)</b></p>	<p>As Medically Necessary</p>	<p>Personal Emergency Response System (PERS): PERS is an electronic device which enables certain high-risk patients to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. Such systems are usually connected to a patient's phone and signal a response center once a "help" button is activated. In the event of an emergency, the signal is received and appropriately acted on by the response center.</p>	<p>Elderly, PDP</p>
<p><b>Non-emergent Transportation (MLTC)</b></p>	<p>As Medically Necessary</p>	<p>Transportation: shall mean transport by ambulance, ambulance, taxi or livery service or public transportation at the appropriate level for the Enrollee's condition for the Enrollee to obtain necessary medical care and services reimbursed under the New York State Plan for Medical Assistance or the Medicare Program. The Contractor is required to use only approved Medicaid ambulance vendors to provide ambulance transportation services to Enrollees.</p>	<p>Elderly, PDP</p>
<p><b>Podiatry (MLTC)</b></p>	<p>As Medically Necessary</p>	<p>Podiatry means services by a podiatrist which must include routine foot care when the enrollee's physical condition poses a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when they are performed as necessary and integral part of medical care such as the diagnosis and treatment of diabetes, ulcers, and infections. Routine hygienic care of the feet, the treatment of corns and calluses, the trimming of nails, and other</p>	<p>Elderly, PDP</p>

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

			hygienic care such as cleaning or soaking feet, as not covered in the absence of a pathological condition.	
<b>Dentistry (MLTC)</b>	As Medically Necessary		Dentistry includes but shall not be limited to preventive, prophylactic and other dental care, services and supplies, routine exams, prophylaxis, oral surgery, and dental prosthetic and orthotic appliances required to alleviate a serious health condition including one which affects employability.	Elderly, PD
<b>Optometry/Eyeglasses (MLTC)</b>	As Medically Necessary		Optometry includes the services of an optometrist and an ophthalmic dispenser, and includes eyeglasses; medical necessary contact lenses and polycarbonate lenses, artificial eyes (stock or custom made) and low vision aids. The optometrist may perform an eye exam to detect visual defects and eye disease as necessary or as required by the Enrollee's condition. Examinations which include refraction are limited to every two years unless otherwise justified as medically necessary.	Elderly, PD
<b>PT, OT, SP or other therapies provided in a setting other than a home (MLTC)</b>	As Medically Necessary			Elderly, PD
<b>Audiology/Hearing Aids (MLTC)</b>	As Medically Necessary		Audiology services include audiometric examination or testing, hearing aid evaluation, conformity evaluation and hearing aid prescription or recommendations if indicated. Hearing aid services include selecting, fitting and dispensing of hearing aids, hearing aid checks following dispensing and hearing aid repairs. Products include hearing aids, earmolds, batteries, special fittings and replacement parts.	Elderly, PD
<b>Respiratory therapy (MLTC)</b>	As Medically Necessary		Respiratory therapy means the performance of preventive, maintenance and rehabilitative airway-related techniques and procedures including the application of medical gases, humidity, and aerosols, intermittent positive pressure, continuous artificial ventilation, the administration of drugs through inhalation and related airway management, patient care, instruction of patients and provision of consultation to other health personnel. These services must be provided by a qualified respiratory therapist as defined in 10 NYCRR 700.2(b)(33).	Elderly, PD
<b>Nutrition (MLTC)</b>	As Medically Necessary		Nutrition means the assessment of nutritional needs and food patterns, or the planning for the provision of foods and drink appropriate for the individual's physical and medical needs and environmental conditions, or the provision of nutrition education and counseling to meet normal and therapeutic needs. In addition, these services may include the assessment of nutritional status and food preferences, planning for provision of appropriate dietary intake within the patient's home environment and cultural considerations, nutritional education	Elderly, PD

Qualified Program Services

(OPWDD waiver/NHTD waiver/TBI waiver/State Plan/MLTC)

			regarding therapeutic diets as part of the treatment milieu, development of a nutritional treatment plan, regular evaluation and revision of nutritional plans, provision of in-service education to health agency staff as well as consultation on specific dietary problems of patients and nutrition teaching to patients and families. These services must be provided by a qualified nutritionist as defined in 2.0 NYCRR 200.2(b)(5).	
<b>Private duty nursing (MLTC)</b>	As Medically Necessary		Private duty nursing services as medically necessary are continuous and skilled nursing care provided in an enrollee's home, or under certain conditions in Hospital or Nursing Home, by properly licensed registered professional and licensed practical nurses.	Elderly, P/D
<b>Home Delivered or Congregate Meals (MLTC)</b>	As Medically Necessary		Meals: Home-delivered and congregate meals provided in accordance with each individual enrollee's plan of care.	Elderly, P/D
<b>Social Day Care (MLTC)</b>	As Medically Necessary		Social day care is a structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, caregiver assistance, and case coordination and assistance.	Elderly, P/D
<b>Social and Environmental Supports (MLTC)</b>	As Medically Necessary		Social and environmental supports are services and items that support the medical needs of the enrollees and are included in an enrollee's plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care.	Elderly, P/D

\*OPWDD services are based on Year 1 of the pending 1915(c) application currently awaiting CMS approval.

\*\*OPWDD rates are based on Year 1 of the pending 1915 (c) application currently awaiting CMS approval.

Qualified Program Services  
(MCO)

Service	Unit of Service	Rate
RES HAB; STATE-IRA SUPVD	Per Day	\$450.56
RES HAB; STATE-IRA SUPVD; NON-MED LEAVE	Per Day	\$450.56
RES HAB; VOL-IRA SUPVD	Per Day	Varies by Provider
RES HAB; VOL-IRA SUPVD; NON-MED LEAVE	Per Day	Varies by Provider
RES HAB; VOLUNTARY-FC;	Per Day	Varies by Provider
PATH TO EMPLOYMENT; VOL; INDIV	.25 Hour	Varies by Provider
PATH TO EMPLOYMENT; VOL; GROUP	.25 Hour	Varies by Provider
GRPDAY HAB-STATE	Per Day	Varies by Provider
GRPDAY HAB-STATE	1/2 Day	Varies by Provider
GRPDAY HAB-VOL	Per Day	Varies by Provider
GRPDAY HAB-VOL	1/2 Day	Varies by Provider
SUP GRPDAY HAB-VOL	Per Day	Varies by Provider
SUP GRPDAY HAB-VOL	1/2 Day	Varies by Provider
IND DAY HAB VOL	.25 Hour	Varies by Provider
PREVOL-STATE	Per Day	Varies by Provider
PREVOL-STATE	1/2 Day	Varies by Provider
SUP IND DY HB VOL	1/4 Hour	Varies by Provider
PRE VOC-VOL	Per Day	Varies by Provider
PRE VOC-VOL	1/2 Day	Varies by Provider
SUPPORTED EMPLOYMENT; STATE	Monthly	Varies by Provider
SUPPORTED EMPLOYMENT; VOLUNTARY; MONTHLY DDP LVL 1	Monthly	Varies by Provider
SUPPORTED EMPLOY; VOL.; MONTHLY DDP LEVEL 2	Monthly	Varies by Provider
SUPPORTED EMPLOY; VOL.; MONTHLY DDP LEVEL 3	Monthly	Varies by Provider
ENVIRON MODS; STATE; \$1.00 PER UNIT FEE – STATE	LTHHC per Hour	Varies by Provider

Qualified Program Services  
(MCO)

<b>ENVIRON MODS; VOL.; \$10.00 PER UNIT FEE – STATE</b>	LTHHC per Hour	Varies by Provider
<b>ENVIRON MODS; VOL; \$100.00 PER UNIT FEE – STATE</b>	LTHHC per Hour	Varies by Provider
<b>ENVIRON MODS; VOL; \$1000.00 PER UNIT FEE – STATE</b>	Units/Mileage	Varies by Provider
<b>ADAPTIVE TECH; VOL; \$1.00 PER UNIT FEE – STATE</b>	LTHHC per Hour (	Varies by Provider
<b>ADAPTIVE TECH; VOL; \$10.00 PER UNIT FEE – STATE</b>	LTHHC per Hour	Varies by Provider
<b>ADAPTIVE TECH; VOL; \$100.00 PER UNIT FEE - STATE</b>	LTHHC per Hour	Varies by Provider
<b>ADAPTIVE TECH; VOL \$1000.00 PER UNIT FEE – STATE</b>	Units/Mileage	Varies by Provider
<b>HOURLY RESPITE; VOLUNTARY FSS</b>	.25 Hour	Varies by Provider
<b>RES RESPITE; STATE HOURLY (ON SITE)</b>	Per Hour	Varies by Provider
<b>HOURLY RESPITE; VOL; 1/4 HR UNIT FREE-STAND</b>	.25 Hour	Varies by Provider
<b>INDIVIDUAL FAMILY EDUC &amp; TRAINING SERV-STATE; UNIT</b>	Unit	Varies by Provider
<b>INDIVIDUAL FAMILY EDUC &amp; TRNG SERV-VOLUNTARY</b>	Unit	Varies by Provider
<b>GROUP FAMILY EDUC &amp; TRAINING SERV-STATE</b>	Unit	Varies by Provider
<b>GROUP FAMILY EDU &amp; TRAINING SERV-VOLUNTARY;</b>	Unit	Varies by Provider



## DAVID P. HOFFMAN

### EDUCATION:

#### **Certificate of Clinical Ethics**

Albany Medical College, Alden March Bioethics Institute  
May 2010

**Master of Education** in College/Student Personnel Administration/Counseling  
Springfield College, graduated 1981

Post Graduate Courses, SUNYA School of Education, Higher Education, 1983-84

**Bachelor of Arts** in Social Welfare, University of New Haven, graduated 1980.  
Concentrations: Sociology and Criminal Justice

### PROFESSIONAL:

#### **Bureau Director, Office of Health Insurance Programs, New York State Department of Health**

September 2010 – Present

Responsibilities have included: Policy development focused on the prevention, management, and control of chronic diseases in long term care; management of the Alzheimer's Disease Program; Oversight of the Money Follows the Person Rebalancing Program and Traumatic Brain Injury Education Program. Member, NYS Geriatric Mental Health Planning Council; Coordination of Most Integrated Setting Workgroup activities; CDC Cognitive Impairment Expert Panel; various other state and national memberships listed below.

#### **Director of Chronic Disease Prevention and Control, Office of Long Term Care, New York State Department of Health**

November 2008 – September 2010

Responsibilities include: Policy development focused on the prevention, management, and control of chronic diseases in long term care and management of the Alzheimer's Disease Program. Member, NYS Geriatric Mental Health Planning Council; Coordination of Most Integrated Setting Workgroup; CDC Cognitive Impairment Expert Panel; various other state and national memberships listed below.

**Director, Bureau of Chronic Disease Services, New York State Department of Health**

April 2001 – November 2008

Responsibilities include: Management and supervision of professional staff and programs relating to public health efforts regarding Cancer Control, Breast, Cervical, and Colorectal Cancer Screening and Education; Ovarian and Prostate Cancer Education; Diabetes Prevention and Control; Steps to a HealthierNY; Chronic Disease Genomics, Cystic Fibrosis; Dementia; and various other chronic diseases and conditions and risk factors. Primary liaison with State, Federal and other funding sources; Health Care Providers, Consumers, Public and Private Payers; Educators, Advisors, Advocates, and other interested parties. Member: US Advisory Council on Alzheimers Disease Research, Care and Services, NYS Geriatric Mental Health Planning Council and NYS Obesity Prevention Planning Group.

**Assistant Director, Bureau of Chronic Disease Services, New York State Department of Health**

April 1999 –April 2001

Responsibilities include: All responsibilities in item below along with administrative duties related to bureau management including budget and report preparation, personnel planning and administration, space planning, and various cross-functional teams.

**Director, Chronic Disease Assistance Programs  
Bureau of Chronic Disease Services  
New York State Department of Health**

July 1996 – April 1999

Responsibilities include: provide direction, leadership, supervision and oversight of staff and programs including Diabetes Centers of Excellence, Community Diabetes Coalitions, Alzheimer's Disease Assistance Centers, Community Assistance Programs and Community Service Programs. Development of periodic, regular communication between all projects. Coordination of professional education programs relating programs relating to current research and treatment strategies. Oversight of Adult Cystic Fibrosis Assistance Program. Liaison to various federal, state, and local government and private entities including the American Diabetes Association, Appalachian Diabetes Coalition Alzheimer's Association and The Centers for Disease

Control. Provide staff development training in outcome-based management. Participate in Department of Health Regionalization Project Team, and Cost Effectiveness Analysis Workgroup. Supervision of employees associated with named programs.

**Director of Program Operations  
Early Intervention Program  
New York State Department of Health**

April 1993 – June 1996

Responsibilities included: administration of regional operations, provider monitoring, complaint investigation, budget and internal accounting, and contract/fiscal management for a program serving infants and toddlers with developmental delay or disability and their families. Other duties include representing the department to: local, state, and federal authorities, providers of service, professional organizations, and other interested parties. Program estimated to serve 22,000 families in 1994-95 with total program costs exceeding \$175 million. Supervision of 30+ employees.

**Director, Division of Services for Children with Special Needs  
Albany County Department of Health**

January 1990 – April 1993

Responsibilities include: administration of \$10 million (annual) programs for disabled infants, toddlers, and pre-school children; Albany County C.P.S.E. Representative; Albany County Family Court Designee; Local Early Intervention Official. Supervision of all programs and grants related to persons with disabilities including Children with Special Health Care Needs Case Management Grant, and Comprehensive Developmental Evaluation Service. Supervision of professional program and fiscal staff functions; liaison to various state and county agencies, health service agencies, professional organizations. Administration of 110+ contracts with providers of service and transportation; budget development, strategic planning, procedural design and implementation. Information management for regular reports to the Commissioner, Board of Health, and funding sources.

**Albany County Department for the Aging and Handicapped, Albany, New York  
Deputy Commissioner May 1987 – December 1989**

**Director of Human Resources and Management Services**

September 1985 – May 1987

Responsibilities included: Administration of programs for infants, toddlers, and preschool children with disabilities referenced above, also: all personnel and payroll

functions for a 300 employee department with \$10 million budget, staff selections, development and training, information management, and purchasing functions, development and implementation of training literature, evaluation instruments, job descriptions, and procedural documents. Employee counseling regarding career development and work related issues. Liaison, negotiation of contracts with community based service providers for aging and disability related services.

**Siena College, Loudonville, New York**

**Assistant Dean for Student Affairs/Residence Director**

August 1981 – August 1985

Responsibilities included: Managed multi-million dollar housing facility accommodating college residents, offices for six departments, the College Health Services, and multi-purpose facilities. Selection, training, and supervision of residence hall staff. Development and implementation of regulations. Member of Campus Ministry Team, Counseling, budget development, program development and monitoring, information management.

**Springfield College, Springfield, Massachusetts**

**Residence Director**

August 1980 – August 1981

Responsibilities included; Managing 450 resident college residence hall, training and supervision of residence hall staff, coordination with all other college offices, implementation of regulations, and strategic planning for the future.

## **RELATED EXPERIENCE**

Clinical Associate Professor, State University of New York at Albany School of Public Health, 2008 – Present. Instructor, MPH Capstone Course.

Adjunct Faculty in Social Sciences, Maria College, 1994 – Present, Albany, New York

Member, National Advisory Council on Alzheimers Disease Research, Care and Services, 2011 – Present; Chair, Committee on Long Term Services and Supports; Member, Committee on Ethical Issues

Member, Continuing Education Advisory Committee, University at Albany, School of Public Health, 2006 – Present

Co-Chair, Student Affairs Committee, University at Albany, School of Public Health, Department of Health Policy Management and Behavior, 2010 – Present

Member, Expert Panel on Cognitive Impairment, CDC Healthy Aging Branch, Atlanta, Ga. 2009 – Present

Peer Reviewer, Health Affairs, Health Policy Journal, 2013-Present

Peer Reviewer, Public Health Reports, Department of Health and Human Services, 2003 – Present

Peer Reviewer, Chronic Disease Prevention, Centers for Disease Control and Prevention, 2003 – Present

Member, AMA/AARP/CDC Workgroup on Clinical Preventive Services for People Age 50-64. 2009 – 2011

Member, AMA/AARP/CDC Workgroup on Prevention in the Medicare Population. 2010 – 2012

Member, CDC Expert Panel on Arthritis Prevention, 2010 – 2013

Faculty, YMCA of the USA Activate America, 2004 - 2010, Washington, D.C.

Member, American Society for Bioethics and Humanities, Sub-Committee on Public Health Ethics, 2010 – Present

Consultant, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2001- 2010, Atlanta, Georgia

Faculty, National Conference of State Legislators Health Promotion Institute, 2004, New Orleans

Faculty, National Governor's Association Health Policy Academy, 2001 – 2008, Various locations.

Division of Nutrition and Physical Activity, CDC, External Expert Panel Review, 2006, Atlanta, Ga.

Faculty, HRSA, BPHC, Diabetes Prevention Collaborative, 2002- 2004, Washington, D.C.

Peer Reviewer, F as in Fat, Trust for America's Health, 2003 – 2010 (annual publication)

Contributor, *Impact and Value: Telling Your Program's Story*, Centers for Disease Control and Prevention, 2007

Consultant (outcome evaluation, strategic planning, cost analysis, maximization of funding streams, use of managed care and other insurance), University of Connecticut Health Center, Division of Child and Family Studies, 1992 – 2000, Farmington, Connecticut

Consultant, Connecticut Department of Mental Retardation, Birth to Three Program (federal relations, use of managed care and other insurance), 1995 – 1996

Guest Reviewer, *Journal of Early Intervention*, Council for Exceptional Children, Division of Early Childhood, 1995 – 1997

Albany City School District, Task Force on Equity and Excellence, 1996 – 1998, Albany, New York

Adjunct Faculty, 1987 – 1994, Sage College Evening Division, Correctional Programs, Albany, New York

New York State Education Department, Preschool Special Education Advisory Committee, 1987 – 1996

New York State Association of Counties, Chair, Committee on Infants and Young Children, 1987 – 1993

New York State County Health Officials – Maternal/Child Health Committee, 1989 – 1993

New York State Interagency Coordinating Council for Early Intervention, Appointed by Governor, 1992 – 1993

Health System Agency, Sub-Area Council – Executive Committee Secretary, Albany County Government representative, 1986 – 1993

Health Systems Agency, Board of Directors, 1990 – 1993

Health Systems Agency, Review Advisory Group, Vice-Chair, 1989 – 1993

Health Systems Agency – Long Term Care Workgroup, 1989

Preschool Early Development Screening Program, Board of Directors, 1990 – 1993

New York State Early Intervention Rate Setting Task Force, 1992

Consultant, Rose Kennedy Center for Developmental Disabilities, Albert Einstein College of Medicine, 1990 – 1992

Summer Residence Coordinator, 1983, Union College, Schenectady, New York

Summer Recreation Program Coordinator, 1982, St. Anne Institute, Albany, New York

Assistant Director of Career Resources, 1980 – 1981, Westfield State College, Westfield, Massachusetts

## **HONORS/MEMBERSHIPS**

Co-Chair, 20<sup>th</sup> Annual National Chronic Disease Conference, National Harbor, Maryland, February 2009

Member, Expert Panel on Prevention Policy, American Medical Association/AARP/CDC Preventive Services Collaborative, 2008 - Present

Member, American Society for Bioethics and Humanities, 2010 – Present

Policy Committee and Speakers Bureau, Partnership to Fight Chronic Disease, 2007 - Present

Steering Committee, Blueprint for a Healthier America, Trust for America's Health, 2007 – Present

Award for Leadership and Legislative Success, National Association of Chronic Disease Directors, 2007

Member, National Expert Panel on Mild Cognitive Impairment, CDC, Atlanta Ga., 2006 - Present

Steering Committee Member, National Coalition for Play Every Day, 2006- Present

Member, Centers for Disease Control and Prevention Task Force on Brain Health, 2006- Present

Centers for Disease Control and Prevention Honor Award 2005, Partner in Public Health Improvement, September 2005

Vice-Chair, Research to Prevention (R2P) National Coalition, May 2004 – 2011

Member, Research to Prevention (R2P) National Coalition, February 2002 – 2011

Member, YMCA of the USA Activate America/ Steps National Steering Committee, July 2004 - 2008

Member, Steps to a HealthierUS National Workgroup (CDC), September 2003 - 2008

Member, Board of Directors, National Association of Chronic Disease Directors (CDD), February 2003 – Present

Chair, National Association of Chronic Disease Directors Legislative and Policy Committee, February 2003 - Present

Member, Campaign for Public Health, Advisory Council, 2005 - Present

Member, Cancer Survivorship Technical Advisory Committee, Lance Armstrong Foundation/NCSL, 2005 - 2006

Member, National Alliance on Nutrition and Activity, November 2002 - Present

Member, Friends of School Health, September 2002 – Present

Member, Diabetes Primary Prevention Steering Committee, Joint Initiative of CDC and National Association of Chronic Disease Directors, April 2002 – 2004

Faculty Member, Health Disparities Collaborative on Prevention, HRSA, May 2002 - 2004

Member, National Association of Chronic Disease Directors Legislative and Policy Committee, April 2000 – Present

Chair, National Diabetes Council Policy and Advocacy Committee, April 2000 – February 2003

Chair, National Diabetes Council, April 2000 – April 2001

Centers for Disease Control and Prevention, Diabetes Translation Advisory Committee, April 2000 – February 2002



National Diabetes Council, Member, April 1997 – February 2002

Council for Exceptional Children, Division for Early Childhood, Member,  
1990 – 2000

Appalachian Diabetes Coalition, Chair, Communication Committee 1998 – 2000

American Diabetes Association, Professional Member, 1997 – Present

Albany City School 19 PTA, First Vice President, 1997 – 1999

Boy Scout Troop 149, Committee Chair, 1998 – 1999, Asst. Scoutmaster, 1996 –  
1998

New York State Easter Seal Society, 1994 Award for Distinguished Service

National Eagle Scout Association, Lifetime Member

Down Syndrome / Aim High, Member, 1989 – 1997

Capital Region Personnel Association, Board of Directors, 1986 – 1987, member,  
1985 – 1989

National Multiple Sclerosis Society, Job Raising Advisory Board, 1986 – 1989

National Association of Student Personnel Administrators, 1980 – 1985

New York State Mean Deans Association, 1981 – 1985

University of New Haven, Board of Governors, student representative,  
1978 – 1980

**References furnished upon request.**



**Informed Consent for Participation in the New York State  
Money Follows the Person Demonstration Project**

<b>Name (print):</b>	<b>Target Population:</b>	<b>Medicaid #:</b>
----------------------	---------------------------	--------------------

**General Information**

Money Follows the Person (MFP) is a federal demonstration that provides support for home and community based living. MFP reimburses the State when individuals move from long term, institutional placements to community integrated settings such as homes and apartments.

As MFP is a federal demonstration, learning about your experience and whether community living is preferred over living in an institution, is a vital component for evaluation of the project. Three surveys are conducted with you to gather this information. You may decline to be interviewed at any time.

**Some things you should know:**

- Participation is voluntary.
- Choosing not to participate or choosing to end your participation will not affect your discharge and transition to the community.
- If you do not participate in the demonstration, you may still receive waiver services as long as you meet the waiver’s eligibility requirements.

**Who is eligible to participate?**

- Individuals who have been living for more than 90 consecutive days in a nursing facility, hospital or Intermediate Care Facility/IID (excluding Medicare covered rehabilitative care that is expected to be short-term in nature) and who are moving to a qualified community residence.
- A qualified community residence is:
  - a residence owned or leased by an individual or his/her family;
  - a residence in the community in which no more than four unrelated individuals live;
  - an apartment with an individual lease with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or his/her family has control.
- Individuals must have received Medicaid inpatient services for at least one day prior to moving.

**Should you decide to participate?**

- A referral will be made to a qualified Medicaid program.
- If you are accepted into a qualified Medicaid program, your first 365 days of enrollment in the qualified Medicaid program constitutes your MFP demonstration period. As a participant, you will be requested to complete three Quality of Life Surveys. These surveys are confidential and will be used to gauge your satisfaction with your services.
- Mathematica Policy Research has been hired to evaluate the project. New York State will provide service and health/wellness information about you to Mathematica, as part of this evaluation. Any information Mathematica collects about you will be confidential and used only for evaluating this project.

**Complaints**

Contact the MFP Demonstration, One Commerce Plaza, 99 Washington Avenue Room 1601 Albany, New York 12231-0001 or by email to [MFP@health.ny.gov](mailto:MFP@health.ny.gov) or by telephone at 518-486-6562.

**Consent to Participate**

I understand the information provided above. I understand that participation in the MFP Demonstration is my choice.

\_\_\_\_\_ Yes, I agree to participate in the MFP Demonstration Project.

\_\_\_\_\_ No, I do not wish to participate in the MFP Demonstration Project at this time.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Signature of Designated Representative (Parent, Guardian, Advocate etc., if needed)

\_\_\_\_\_  
Date

**AND**

Person responsible for submitting this document to the MFP Demonstration:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\*please submit an encrypted PDF copy of this form to [MFP@health.ny.gov](mailto:MFP@health.ny.gov) subject line- "Consent"

## OPWDD Options for Self-Direction

### **Overview:**

OPWDD offers individuals receiving services the option to self-direct their supports and services. Self-direction offers the greatest control over how, where, when and by whom supports are provided. An individual receiving services can customize their plan of support to include supports that best meet their needs and that are consistent with their life interests. The options for self-direction include the ability to choose and direct the staff who support the person (employer authority) and/or the ability to manage a defined level of financial resources to purchase the supports and pay the support staff of choice at a level set by the person (budget authority). Individuals who choose self-direction agree to take on responsibility to monitor the elements of the support plan and to ensure that the documentation requirements are met; they work with a Fiscal Intermediary and the people most closely involved in their life (Circle of Support/Planning Team).

### **Agency Supported Self- Direction**

The following services can be self-directed using employer authority only, meaning that the person receiving services or their designee acts as a co-manager of services by recruiting, managing, training and monitoring the support staff who will deliver the defined service.

- Community Habilitation
- Supported Employment (SEMP)
- Respite

People who choose Agency Supported Self-Direction define the level of direction that they want to take in a Memorandum Of Understanding with the provider agency who is a co-manager of the direct support employee(s) with the self-directing individual. The service pay rate for the provider agency is not impacted by this option. The agency continues to bill for the service and pay the staff at the defined agency pay rate.

### **Self-Direction Using Budget Authority**

If a person chooses to self-direct using budget authority they are agreeing to establish a plan of support within a defined level of resource called a Personal Resource Account (PRA). The PRA is established based on a person's need level and results from the scores of a completed Developmental Disabilities Profile 2 (DDP2). The PRA establishes parameters within which a budget can be developed. Most typically a person works with a certified broker who, working with the person's circle of support, develops a budget that aligns with the person's interests and needs. Broker services can be "start-up", meaning budget and plan development activities, or ongoing support brokerage for plan monitoring and assistance to the self-directing individual. If a person self-directs their services using budget authority additional options for services are available to them:

- Individual Directed Goods and Services (IDGS): includes items such as household items, community classes, club memberships, clinical consultation, and transportation;
- Self-Hired support staff: salaries are set by the self-directing individual within defined parameters;

- Live-in Caregiver: includes covered living expenses for a companion who shares living space with the person who is self-directing;
- Support Broker: works with the individual to develop the budget and habilitation plans, as needed; and
- Fiscal Intermediary: provides human resource and fiscal management to implement the self-directing individual's budget.

Support models can be customized and are unique to individual interests and person-centered plan development.

### **Accessing Self-Direction Options**

To access self-directed service options an individual who is receiving services or who is eligible for services should work with their MSC and DDRO liaison as appropriate to pursue a self-directed support option. Information on self-directed services are available on the OPWDD web site.

[http://www.opwdd.ny.gov/opwdd\\_services\\_supports/supports\\_for\\_independent\\_and\\_family\\_living/consolidated\\_supports\\_and\\_services](http://www.opwdd.ny.gov/opwdd_services_supports/supports_for_independent_and_family_living/consolidated_supports_and_services)