

C. Organization and Administration

Provide a description of the organizational and structural administration that will be in place to implement, monitor and operate the demonstration.

C.1 Organizational Structure

Provide an organizational chart that describes the entity that is responsible for the management of this grant and how that entity relates to all other departments, agencies and service systems that will provide care and services and have interface with the eligible beneficiaries under this grant. Show specifically the relationship of the organizational structure to the Medicaid Director and Medicaid agency. The organizational chart should clearly show where the MFP project director sits/to whom he/she reports.

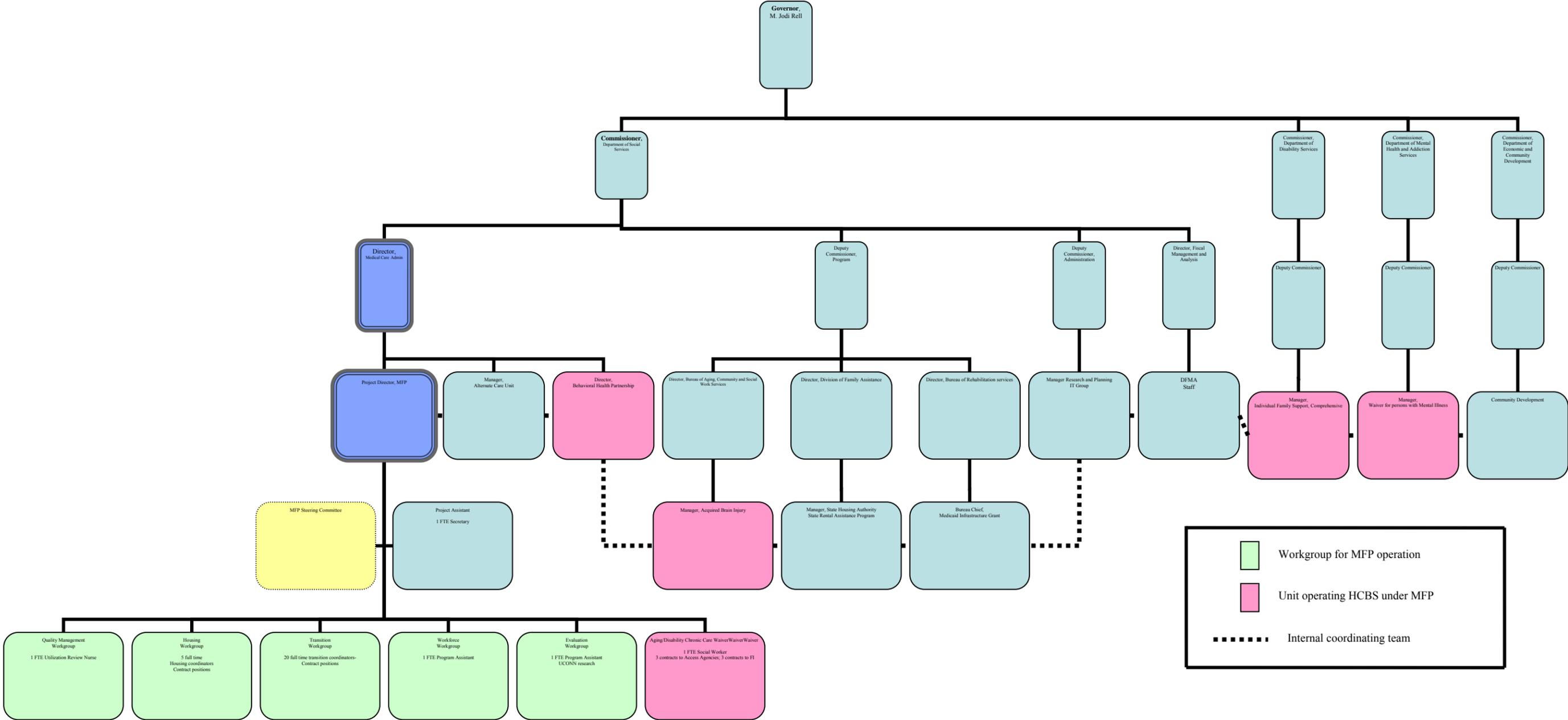
The MFP Rebalancing Demonstration was awarded to the DSS. DSS is the Medicaid single State agency and the largest Department in the State of Connecticut. Within DSS, the MFP Rebalancing Demonstration is part of the Medical Care Administration. The Commissioner of DSS directly oversees the Medical Care Administration, as well as the Bureau of Aging, Community and Social Work Services, the Bureau of Rehabilitation, the Division of Family Assistance and the State Housing Authority. The Director of Medical Care Administration reports directly to the Commissioner and directly supervises the Project Director of the demonstration.

The MFP demonstration is organized as reflected on the Chart 2 below. Workgroups are aligned with benchmarks. MFP staff will support the workgroups by facilitating discussion and ensuring stakeholder input into the development of each key element. The MFP Steering Committee will provide input to the DSS Commissioner in the design, development and implementation of the demonstration.

Qualified demonstration services offered by the MFP demonstration will be operationalized by the unit or division responsible for continuing the services in the community after the first 365 days. Operating units for continuation of waivers are highlighted in pink on the organizational chart. The Project Director serves as full-time staff to the demonstration and will coordinate with the waiver managers. Waiver managers were involved in the development of the MFP proposal and protocol, attend Steering Committee meetings and serve on MFP workgroups. Liaisons from each coordinating agency are appointed to the Steering Committee to assure monthly communication on all aspects of the MFP demonstration. DSS staff assigned to workgroups will be responsible for implementation of all workplans and meeting all objectives.

Additional coordination with units internal to DSS is required for successful implementation of the MFP demonstration. Information technology changes are required to track MFP participants in the eligibility and MMIS systems. Additionally, the financial division is involved on a regular basis to assure appropriate development of cost estimates informing budget projections, as well as MOE documents. Lastly, the MFP Project Director will coordinate with the Division of Family Assistance on issues of eligibility, as well as housing subsidy assistance. Coordination linkages are noted by connection lines across the organizational chart.

**Chart 2: Organizational Chart
Money Follows the Person**



Workgroup for MFP operation
 Unit operating HCBS under MFP
 Internal coordinating team

C.2 Staffing Plan

Provide a staffing plan that includes:

- a. A written assurance that the Project Director for the demonstration will be a full-time position and provide the Project Director's resume.*

DSS is led by Commissioner Michael P. Starkowski. Commissioner Starkowski, who rose through the ranks over a three-decade public service career, is a leading authority on public financing of health care for children, elders and people with disabilities. Commissioner Starkowski leads the Governor's rebalancing efforts. Under his leadership, funding will be directed to increase and improve home and community-based services, while reducing reliance on institutional care.

David Parrella, Director of Medicaid Administration, provides direct oversight for Connecticut's Money Follows the Person Rebalancing Demonstration. David's leadership and experience with Medicaid policy and the program, both at a state and national level, is invaluable to Connecticut's rebalancing initiatives.

Dawn Lambert serves as the full-time Project Director required for implementation of the demonstration. Prior to serving as Project Director, Dawn was Project Coordinator for the State's Medicaid Infrastructure grant and had administrative oversight of the State's Independent Living Program, Assistive Technology Program and Nursing Facility Transition Program. Dawn is responsible for leading the design, development, implementation and plans for sustaining the MFP demonstration. Dawn's resume was submitted to, and approved by, CMS prior to assuming responsibilities as Project Director.

b-d and g. The number and title of dedicated positions paid for by the grant. Please indicate the key staff assigned to the grant and the percentage of time each individual/position is dedicated to the grant. Please include a brief description of the role/responsibilities of each position. Please list any positions providing in-kind support to the grant. Provide a detailed staffing timeline.

The MFP Rebalancing Demonstration administration includes funding for five additional support positions.

Table 18. MFP Rebalancing Demonstration Administration

Dedicated Positions			
#	Title	% of Time	Role/Responsibility
1	Project Director/Education Consultant I	100	The Project Director is responsible for leading the design, development, implementation and plans for sustaining the CMS MFP demonstration. This position has been filled.
1	Secretary	100	A secretarial position is funded to support the Project Director, the Steering Committee and the workgroup structure. Additional responsibilities include development of a web-based communication plan. This individual will also be primarily responsible for organizing the annual Rebalancing Summit. This position has been filled.
1	Utilization Review Nurse	100	A utilization review nurse is funded to assist with QM during the demonstration and in subsequent years. The utilization review nurse will support the central office QA function and will also serve on the MFP QI Committee. This position will be in place by July 1, 2008.
1	Social Worker	100	A social worker is funded to assist with the new aging and disability 1915(c) waiver under development at the DSS, as well as the self-direction delivery option. This individual will also assist with interagency coordination between waiver managers and the MFP QM plan. Additional responsibilities include serving as a liaison to the Access Agencies and the Fiscal Intermediaries. This position will be hired October 1, 2008.
1	Health Program Assistant/CCT	100	A Health Program assistant is funded to perform data analysis and complete required MFP reports. This individual will support various workgroups, most importantly, the Evaluation Committee. Additional responsibilities include serving as liaison to the University of Connecticut, Center on Aging. This position was posted. The State is awaiting permission to select a successful applicant. The successful applicant will be selected within the next few weeks.
1	Health Program Assistant/CCT	100	This program assistant is funded to provide training and technical assistance for workforce development. The position has been filled.

f. Number of contracted individuals supporting the grant.

Please refer to Section B.5 for a discussion regarding roles and responsibilities of all contractors. Section B.5 also discusses selection criteria, as well as timeline for contract execution. Below is a brief summary of contractual staff involved in MFP.

- 10 Contracts for Transition Coordination — 20 full-time positions. All Area Agencies on Aging and all Centers for Independent Living will participate in the demonstration by funding full-time transition coordinators. Several joint meetings have been held with all 10 organizations. These costs are supplemental demonstration costs.

- 3 Contracts for Housing Coordination — 5 full-time positions. DSS currently has contracts in place with three regional sites for the coordination of mobility counseling activities. DSS plans to competitively bid these activities during the next fiscal year. Because of the regional sites' relationships to the State Housing Authority and familiarity with programs such as Section 8 and Rental Assistance, it was determined that MFP would coordinate activities through these regional sites and join the housing authority next year in the competitive bid process. Five housing coordinators will be hired. Two of the sites will host two coordinators, while the third will host only one. These costs are supplemental demonstration costs.
- 3 Contracts for Care Planning and Assessment (new Chronic Care Aging and Disability waiver) — DSS recently completed a competitive bidding process for agencies to provide the assessment and care planning function for Connecticut's Home Care Program for the Elders. There were three successful agencies. The qualifications and duties of care planning and assessment are very similar for the proposed waiver. Therefore, Connecticut will expand contractual responsibilities of the successful agencies to include services under MFP.
- 3 Contracts for Fiscal Intermediaries — DDS recently completed a competitive bidding process for agencies to provide services as fiscal intermediaries. There were three successful applicants. The roles and responsibilities expected of the fiscal intermediaries under MFP are very similar to the roles and responsibilities of the fiscal intermediaries under DDS. Therefore, Connecticut will expand contractual responsibilities of the successful agencies to include services for the benefit of MFP participants.
- 1 Contract for Evaluation. The Center on Aging at the University of Connecticut Health Center was selected as the research group to lead MFP evaluation activities. The Center on Aging was selected for many reasons including:
 - Principal Investigator in Connecticut's recent Long-term Care Needs Assessment
 - Principal Investigator over the past seven years for Connecticut's Nursing Home Transition Project
 - Principal Investigator for Connecticut's Real Choice Systems Change Grants including the Medicaid Infrastructure Grant.A Memo of Understanding was executed for evaluation activities related to the MFP in November 2007. To date, UCONN has completed the evaluation section of the operating protocol submission.

h. Provide in a timeline format a brief description of staff that have been hired and staff that still need to be hired.

Hired:

March 2007 Project Director
February 2008 Secretary
 Health Program Assistant

Yet to be Hired:

May 2008 Health Program Assistant
 Utilization Review Nurse
October 2008 Social Worker

- i. Specify the entity that is responsible for the assessment of performance of the staff involved in the demonstration.*

Staff members involved in the demonstration are all employed by the Division of Medical Administration within DSS. Within Medical Administration, the Medicaid Director will assess the performance of the Project Director. The Project Director will assess the performance of subordinate project staff.

C.3 Billing and Reimbursement Procedures

Describe procedures for insuring against duplication and payment for the demonstration and Medicaid programs; and fraud control provisions and monitoring.

Billing and reimbursement will be managed through the systems currently used for waiver and State Plan services. Connecticut DSS and Medical Services Administration have extensive fraud control and financial monitoring systems in place. The current Medicaid MMIS system is set up to deny duplicate claims for waiver and State Plan services that will be utilized under the MFP grant. The Connecticut Medicaid Quality Assurance Unit monitors for fraudulent claims billing. Provider manuals address the requirements for provider documentation. There is no anticipation of change to the current system other than those specified by the grant for reporting purposes.

The State uses the MMIS claims processing system to verify that the participant was Medicaid-eligible on the date of service delivery specified in the request for reimbursement and allows payment only on claims for services provided within the eligibility period.

Prior to processing claims, the automated claims management system edits claims for validity of the information and compliance with business rules for the service/program, and calculates the payment amount and applicable reductions for claims approved for payment. For example, unless the system verifies that a participant's current authorized plan of care contains sufficient units to cover amounts claimed and that an authorized level of care is registered in the claims management system, the claim will be rejected.

Connecticut uses a fiscal review process to ensure that providers for the various Medicaid 1915(c) waivers, State Plan services and other Medicaid services are complying with program requirements. This process was reviewed under the QM Section of this protocol. The methods used in the fiscal review process include examination of financial and service records, as well as plans of care and other records, comparison of provider billings to service delivery, and other supporting documentation.

Current procedures provide for onsite fiscal reviews to examine the provider agency's service delivery and financial records, and verify that all payments are made to the provider agency were supported with documentation. Typically, a one-month sample of the provider's records is reviewed unless an increase in the review is deemed necessary. Examples of records reviewed include assessment documents, service delivery documents and complaints.