

September 24, 2018

Majority Leader Mitch McConnell United States Senate S-230 Capitol Building Washington, DC 20510

Chairman Orrin Hatch Senate Finance Committee 104 Hart Senate Office Building Washington, DC 20510 Minority Leader Chuck Schumer United States Senate S-221 Capitol Building Washington, DC 20510

Ranking Member Ron Wyden Senate Finance Committee 221 Dirksen Senate Office Building Washington, DC 20510

Dear Majority Leader McConnell, Minority Leader Schumer, Chairman Hatch, and Ranking Member Wyden:

On behalf of the National MLTSS Health Plan Association, we would like to reaffirm our support of the *Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources (EMPOWER) Care Act* (S. 2227) and its continuation of the Money Follows the Person (MFP) program. The program has been a key factor in transitioning individuals to the community-based setting of their choice and helping to support them in their transition. However, we are concerned that an amendment recently approved by the House Energy and Commerce Subcommittee on Health and passed out of the full Committee to fund the program only through 2019 instead of 2022 will create several administrative and operational challenges for states and health plans we represent. Therefore, as the Senate considers this critical funding extension, we strongly urge the Senate to maintain to the five years of funding included in the Senate version of the EMPOWER Care Act.

We would like to commend the offices of Sen. Portman and Sen. Cantwell for their leadership in developing and introducing this essential legislation, along with the Senate Finance Committee for its role in moving the bill forward. Extending and funding the MFP program will help continue stakeholder efforts in rebalancing LTSS towards the home and community, enable individuals to live in the setting of their choice, and achieve cost-efficiencies for the Medicaid program.

The National MLTSS Health Plan Association is an association of health plans that contract with states to provide managed long-term services and supports (MLTSS). Our members currently cover about 75 percent of enrollees in MLTSS plans and assist States in delivering high quality services at the same or lower cost as the fee for service system, with a particular focus on beneficiaries' quality of life and ability to live in the community instead of an institution. Our member plans have found the MFP program to be an effective component of the effort to transition individuals living in institutional care settings into settings that are more integrated with their community. In addition, the program encourages states to

create policies that allow funding for LTSS to "follow the person" across their preferred care setting. Since the beginning of the program's operations in 2007, MFP has helped transition over 75,000 individuals from institutional settings of care back into their homes and communities.<sup>1</sup>

Several evaluations of the MFP program have proven it to be successful in preventing beneficiaries from being readmitted to an institutional care setting, achieving beneficiary satisfaction, and achieving savings for states. In evaluations by Mathematica, MFP participants reported improvements in all measured quality of life domains one year after transitioning out of an institutional care setting.<sup>2</sup> MFP participants are also likely to remain in community settings, as the Kaiser Family Foundation found only 8 percent of all participants returned to an institution.<sup>3</sup> This success and beneficiary satisfaction achieves savings for states: MFP transitions made through 2013 have generated health care cost savings of "\$204 to \$978 million depending on the number of transitions that can be attributed to the MFP demonstration."

Given the success of the program in not only achieving cost savings, but improving beneficiary quality of life, we believe MFP should be extended for five years to provide states and health plans the necessary time and certainty to make long-term investments. Over the past year, several state MFP offices have begun the process of either scaling down or ending their operations due to the lack of additional funds. While the current bill would provide additional funding through 2019, a short extension would limit the ability of state MFP offices and health plans to return to their previous operations and would discourage any commitments past 2019. A five-year extension would provide stakeholders with the necessary time to reinvest resources into the complex process of transitioning individuals back into the community and subsequently to expand their operations to serve a larger base of individuals.

We welcome the opportunity to discuss the bill or how we can be of help in your efforts at your convenience. If you have any questions, please feel free to contact me at <a href="mailto:latkins@mltss.org">latkins@mltss.org</a>.

Sincerely,

G. Lawrence Atkins Executive Director

cc:

Senator Rob Portman Senator Maria Cantwell

<sup>&</sup>lt;sup>1</sup> "Money Follows the Person Demonstration: Overview of State Grantee Progress, January to December 2016." Mathematica Policy Research. Sept. 25, 2017. <a href="https://www.mathematica-mpr.com/our-publications-and-findings/publications/money-follows-the-person-demonstration-overview-of-state-grantee-progress-january-to-december-2016">https://www.mathematica-mpr.com/our-publications-and-findings/publications/money-follows-the-person-demonstration-overview-of-state-grantee-progress-january-to-december-2016>

<sup>&</sup>lt;sup>2</sup> Ibid

<sup>&</sup>lt;sup>3</sup> M. Watts, E. Reaves, and M. Musumeci. "Money Follows the Person: A 2015 State Survey of Transitions, Services, and Costs." Kaiser Family Foundation. October 2015.