January 3, 2018

Chairman Orrin Hatch
Senate Committee on Finance
104 Hart Senate Office Building
Washington, DC 20510

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

Senator Rob Portman
Senate Committee on Finance
Subcommittee on Health
448 Russell Senate Office Building
Washington, DC 20510

Senator Maria Cantwell
Senate Committee on Finance
Subcommittee on Health
511 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Portman, and Senator Cantwell:

We write to you today to offer our full support of the *Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources (EMPOWER) Care Act (S. 2227)*. This key piece of legislation would provide funding for the Money Follows the Person (MFP) program through 2022 and help maintain the progress the long-term care community has made in the effort to rebalance long-term services and supports (LTSS) towards home- and community-based services (HCBS). Our member health plans can attest to the positive impact the MFP program has had in the lives of their beneficiaries.

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 63,000 individuals from institutional settings of care back into their homes and communities.1 Unfortunately, the authorization for the MFP demonstration expired in September 2016.

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. Beneficiaries

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reported a similar amount of satisfaction two years after their transition.\textsuperscript{2} 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.\textsuperscript{3} 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.”\textsuperscript{4}

As key partners with states and providers, MLTSS plans have coordinated the transition process for beneficiaries, provided support and follow-up services post-transition to ensure beneficiaries are not readmitted to an institution, and identified and referred beneficiaries eligible for services under MFP. For example, Texas’s STAR+PLUS program assigns the responsibility of providing the large majority of MFP services to MLTSS plans, including identifying appropriate housing for an individual, facilitating the transition process itself, and checking in with the individual after their transition. MLTSS plans have also partnered with organizations already providing deinstitutionalization and transition services, such as Centers for Independent Living (CILs), to accomplish MFP objectives.

We would like to commend the offices of Senator Portman and Senator Cantwell for their leadership in developing and introducing this essential legislation. 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.

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 latkins@mltss.org.

Sincerely,

G. Lawrence Atkins
Executive Director

