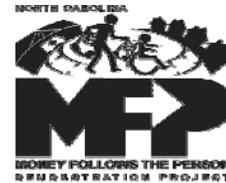


**NC MFP Roundtable Notes**  
**Friday, November 18, 2011**  
**10:00-3:00pm**

**The Quorum Center, 323 West Jones Street, Raleigh**



**Welcome!**

Attendees: Abby Carter Emanuelson, Alicia Blater, Alston Quinn, Audrey Brown, Bailey Liipfert, Christan Poston, Christy Blevins, Connie Transou, Deborah Foster, Diane Cox, Diane Upshaw, Donna Lovill, Dorothy Bass, Ed Walsh, Erin Russell, Gail Anderson, Gay Joyner, Georgia Wood, Gladys Webb, Heather Burkhardt, Jeff McLoud, Jill Rushing, Jody Riddle, Joe Breen, Karen Carlton, Kevin Nale, Kim Johnson, Linda Kendall-Fields, Lisa Wolf, Lorrie Roth, Mark Hensley, Misty Hill, Natarsa Patillo, Pam Lloyd-Ogoke, Pam King, Peri Gordon, Renee Rader, Stephanie Thonburgh, Steve Jordan, Tonya Cedars, Vickie Collins-Best, Vivian Leon, Wally Jones, Wrenia Bratts-Brown, Trish Farnham, Andrea Kinnaugh, Barbara Goettsch, Brad Griffith, Deloris Brown, Katherine Lanier, Kent Parks, Kim Compolattaro, Laura Regan, Lilly Swinney, MaryJane Sauls, Michael Howard, Rachelle Strachar, Starling Chang

**MFP Update and Discussion: A Year in Review (See PowerPoint)**

- Why This Matters: Real People, Real Impact –
  - 151 Individuals have transitioned
- Transition Data Report – (see NCMFP Current Transitions totals 11-18-11 Roundtable Meeting Update)
- Natarsa, Diane and Christy provided an overview of the transition data.
  - Q – Why is there a waiting list?
    - A--There is not waiting list it is just people who are waiting to transition after being approved.
  - Q – Do we know the cost savings for those who have transitioned out?
    - A – Yes it will be discussed during the Cost Comparison Data section.
- Expanding MFP beyond CAP services –
  - Workgroup and CMS TA developing structure.
  - Will start in physical disability community, but likely to expand to others.
- Conversation about Voluntary Facility Conversion
  - Working in collaboration with sister agency and Seeing is Believing Learning Community to develop “voluntary conversion” structure by April, 2012. Structure implemented by Fall, 2012.
- LCA Implementation
- Dual Eligible Initiative
  - Emerging partnership with CCNC and others in developing methods for better supporting the needs of the dually eligible population, as part of the Dually Eligible Planning Grant.
- Operational Protocol Revisions
  - Intend to revise current benchmarks re: Assistive Technology, etc. (NOT Transition numbers, but others to better track our priorities)

- Establishing Other Benchmarks related to Housing, Family Support and other Priorities.
- Will begin discussion at February Roundtable meeting
- Lessons Learned: Reflections from Roundtable Members
  - Don't Rush, Don't Stop – better to have a seamless transition if you just keep plugging along but do not rush the process.
  - We are building bridges and getting out of silos
  - We are putting in a big investment of time in the beginning

### **Updates and Discussion with DMA & Sister Divisions about the “State of the State” of Home & Community Based Services and Supports**

Each DHHS Division representative gave informal remarks to the Roundtable about the state of home and community based services and its partnership with MFP.

**Trish thanked each Division for the specific contributions each had made to the MFP Project and for the ongoing spirit of collaboration.**

#### **Division of Medical Assistance- Joe Breen**

- Budget cuts – This reduction in staff occurred over the last four years due to budget cuts. We have only three consultants remaining to cover the entire state that includes the monitoring of 96 lead agencies.
- PACE is growing across the state as a program. We expect that PACE will come to Wake and Durham next fall. We are looking to the PACE model as an example on how to manage other programs within Medicaid.
- A big issue is the 1915i waiver and talking with CMS to work out compatibility issues.
- Oversees HIV Program and putting together oversight/monitoring up movement.
- A lot of work with few staff – competent/committed to improving LTC in NC.
- Getting used to new role as Chief
- Stakeholder involvement is crucial.
- As a result of independent assessment having been initiated within PCS/IHC we are assuring that in-home care is getting to the people that really need the service.
- CAP Choice growing by leaps and bounds (successful)
  - 175 people currently signed up

#### **Division of Mental Health/Developmental Disabilities/and Substance Abuse – Steve Jordan**

- Biggest focus right now: the adult care home issue and the
  - Adult Care Homes – Institution of Mental Deficiencies (IMD). If deemed IMD then Medicaid stops. Doing assessment of people in facility using our CABHA's. Will have to make decision about whether (ACH) facilities are IMDs.
  - DOJ: Individuals with mental health illness “should not be in adult care homes
- ”Importance of housing: DMH is looking for state level director of housing.
- Big deal that ICF providers are willing to have conversation about MFP.

- There is often a concern about putting providers out of businesses but people need services.
- System undergoing enormous changes over the next 15 months. Depleting financial structure: We are in a time of diminishing resources for services.
- Need to make sure all these initiatives connect
- “Be fast but don’t be in a hurry” --John Wooden
- Guardianship topic bubbling up as an issue
  - LME's are having to stop serving as guardians of the person due to conflict of interest issues where they are transitioning to managed care. NC law does not accommodate payment of guardians of the person. Perhaps, NC law should be updated to properly address the changes in the MH/DD/SAS system to avoid additional shifting of this cost to departments of social services.

**Division of Vocational Rehabilitation- Independent Living – Pam Lloyd-Ogoke**

- Working on next contract for March 2012 to get CILs on board
- VR-IL office has three priorities of services.
  1. Services which supports people to be deinstitutionalized
  2. Services to support the prevent institution for people at risk
  3. Continued Services to support people living in the community
- IL challenged by 100% state funding, lost some positions but will continue to rise to the challenge.
- Will begin working with a fiscal intermediary.
- The marriage between DVR-IL and MFP continues!

**Division of Aging and Adult Services (DAAS) - Heather Burkhardt**

- The DAAS and MFP have a shared vision for supporting home and community based services. We are fortunate to have a formal IMOA agreement with MFP which build on the CRC infrastructure and implement the LCA function mandated by CMS.
- Over the past year, we developed our 2011-2015 State Aging Plan. The entire plan has eight strategic goals. Two of those goals directly relate to MFP activities and have specific strategies related to these activities:
  - Empower individuals the their families to make informed decision and to easily access existing health and long term services and support options
  - Enable individuals to age in their place of choice with appropriate services and supports
- MFP working with DAAS Office of Housing: there are 3 MFP consumers leasing Targeted Units and there are 10-15 more MFP consumers on waitlists for Targeted Units.
  - a. All ILP regional field offices are referral agencies for the Targeting Program and Erin Russell gets all email communications about Targeted Units coming available in the state.
- State staff has participated regularly in the state-level MDS/MFP workgroup as the infrastructure was developed for both the MFP grant and the MDS 3.0 Section Q requirements. All information has been distributed statewide to the Regional Ombudsmen as it has been finalized.

- State Ombudsman coordinated with the Office of LTCSS to conduct one quarterly training event focused on development of Community Resource Connections and MFP.
- Conducted 5 road shows with attendance of over 500 people across the state.
- Core leadership in the implementation of the MDS 3.0 section Q process—a person centered referral and response process for residents residing in SNF. Provide options counseling to SNF residents.
- Special Assistance Program, Guardianship and APS have provide program experience during various phases of the program
- Lifespan Respite has been a key partner in the development of the rebalancing fund and the Statewide Life Span Respite Coalition was used to provide recommendations to MPF and CMS on how to use MFP resources to expand respite services.

### **Division of State Operated Healthcare Facilities – Vivian Leon**

- Excitement is up
- With Trish’s leadership Project is moving forward.
- Achievements – despite funding challenges, 15 people from DD Centers transitioned into the community under MFP.
- Transition planning is a priority for DSOHF and is part of their strategic planning.
- O’Berry Center opportunity – working with families to explore options for supporting their loved ones to transition. The intent is that what is learned in this process will serve as a model for transitioning.

### **Presentation of MFP Preliminary Cost Comparison Data—Brad Griffith**

**Trish thanked Brad and the QEHO Unit for their contribution and expertise in supporting MFP to have its first published cost comparison data.**

### **Brad Griffith presented on “Early Indicators regarding MFP Transition’s Impact on Recipients’ Medicaid Utilization and Cost”**

- Quality, Evaluation and Health Outcomes (QEHO) put together a report showing transition impact of recipients Medicaid utilization and costs.
- In the I/DD community there is a 24% savings and in the Aging and Physically Disabled it is 37%. There is a jump in the Aging and Physically Disabled because of an outlying jump for a single recipient who had an expensive hospital stay. When then the one is taken out they are both around 24% savings.
- QEHO will provide this information at each Roundtable.

### **NC MFP Rebalancing Fund Discussion & Recommendations**

**Diane Upshaw and Vivian Leon Provided the Roundtable with an Update on the Rebalancing Fund Steering Committee’s work to date.**

- Update on Fund Development & Priorities (see Preliminary Practices Guiding NC MFP Rebalancing Fund)
  - Steering committee formed at August Roundtable and has been meeting monthly since.
  - The Rebalancing Steering Committee will have the amount currently in the Rebalancing Fund confirmed by the February roundtable.

- The committee is planning to start the allocation of funds by July 2012
- Funds will be allocated in 2 and 3 year allocations and there will be some reporting requirements.
- **disAbility & Housing Collaborative’s Recommendations on Housing (see MFP Rebalancing Fund disAbility Housing Collaborative Recommendations 2011)**
  - Erin Russell and Emily Carmody presented the Collaborative’s recommendations to the Roundtable.
  - The Collaborative would really like to see development of Medicaid Crosswalk – a gap analysis tool that identifies housing supports that are or could be funded through current Medicaid service definitions.
  - They have some other ideas they would like to see funded as well.
  - Q--Is there money from Medicaid for supportive Housing?
    - A – Yes Money can be used for services such as food, utility assistance,
  - Can we get people housed and get them services in all communities the MFP serves.
  - Q--Is Crosswalk going on now?
    - A – No, It is being discussed but there is no funding. There is a lot of interest.
- **Family Lifespan Respite Advisory Group’s Recommendations Related to Family Caregiver Support (see LifeSpan Respite Advisory Group Recommendations for MFP Rebalancing Fund Use Regarding Family Caregiver Support Options)**
  - Alicia Blater and Rachelle Strachar presented the Advisory Group’s recommendations to the Roundtable.
  - Expand supports under the NC Lifespan Respite Care Program to fund mini-grants to meet the need of family caregivers.
  - A second option is to pilot “family caregiver support coach” concept within ADRC (CRC) networks.
  - Opinion of the Roundtable seems to be the ADRC option.
  - Idea was also suggested for help with those who will need care after their caregiver is no longer there or able to provide care.
    - Suggestion of incorporating a futures planning element to project.

**Wrap Up and Planning For 2012**

- February Meeting:
  - Project Priorities Discussed
  - Reactivating of Outreach and Peer Support Advisory Groups
  - Confirm process for Operational Protocol Reworking and Benchmarks

**Preliminary NC MFP Roundtable Meeting Dates: 2012**

Always the 2<sup>nd</sup> Friday of the 2<sup>nd</sup> Month of the Quarter, unless falls on holiday/conflict

Quarter	Roundtable Meeting Date	Location
Q/E March, 2012	February 10, 2012	Greenville
Q/E June, 2012	May 11, 2012	Fayetteville
Q/E September, 2012	August 10, 2012	Statesville
Q/E December, 2012	November 9, 2012	Raleigh

