**NC MFP Roundtable Notes**
**Friday, May 11, 2012**
**10:00-3:00pm**
**Fayetteville, North Carolina**

## Welcome!

Attendees: Christy Blevins, Wrenia Bratts-Brown, Karen Carlton, Tonya Cedars, Donna Doyle, Kim Emory, Trish Farnham, Misty Hill, Kim Johnson, Linda Kendall Fields, Tammy Koger, Jim Lampros, Vivian Leon, Ashley McGill, Jeff McLoud, Darlene Morrison, Rachel Noel, Natarsa Patillo, Ellen Perry, Donna Peters, Christan Poston, Renee Rader, Melissa Reese, Heather Ritchey, Lorrie Roth, Jill Rushing, Carolyn Temoney, Diane Upshaw, Alston Wilson, Georgia Wood

Today's Location: Life St. Joseph's of the Pines is a PACE site (Program of All-Inclusive Care for the Elderly) – Goal of PACE is to have every county covered by 2015.

<u>MFP Updates and Discussion</u>

- Real People, Real Impact – stories of transitions – inspiring/re-energizing to hear the story of an MFP transition in Raleigh area (Teresa) – thank you to Lorrie, Christy, Christan. Ashley shared a successful transition story as well.
- Transition data: Natarsa reported (see attachment A)
- Barriers to transition: Christy reported (see attachment B)
    - Some things are delays and others are true barriers (i.e. deal breakers)
    - Clarification about deductible in Medicaid – Medicaid worker should give out a list of how to spend down their deductible. Remember to call the ombudsman if there are barriers with nursing facilities re: person's income for Medicaid purposes
- Cost Analysis Data Presentation (attachment C) – revised every quarter. Positive information to share with our communities/elected officials. Stress the quality of life first; coupled with savings through home and community-based services.
- Rebalancing Fund Update

    - Fund will be established by July, 2012
    - Priorities: ICF Voluntary Conversion Pilot; Housing (working on RFP for consultant); Family Support (peer-to-peer support for family caregivers). In August,
- Updates on Other Priorities – (see Attachment D)
    - More explanation about LCA Options Counselors from Coordinator, Lorrie Roth
    - Numbers: 2012 – received 63 referrals; Since April, seeing an upswing in referrals

Benchmarks Discussion – Review of Proposed Housing Benchmark

- Concerns expressed about benchmark goal "identifying "vs. "moving into" home as of MFP approval – use word "secure. " Increase timeframe to 6 months; refine the baseline, looking at people wanting their own home; track systems failures to securing the housing. Recommendation to set percentage 7.5% higher than current baseline.
- Update on Assistive Technology benchmark

The Year of Story Telling: Update on Outreach Efforts:

- Brochures being developed – involves straightforward "self-check" – self advocates will do a word check on the brochure.
- Feedback re: videos/MFP stories – website – use compelling footage; self advocates telling their own stories; and get film of people out in the community. www.mfp.ncdhhs.gov
    - Put just a couple of clips on the website – ones that may highlight the project.
- August report from the outreach committee

Flip Chart Notes Regarding Peer-to-Peer Outreach

- Example of peer-to-peer outreach from First in Families
    - Fairly informal
    - Always a two-way benefit
    - Amazed at what the peer (aka "self-advocates") comes up with in terms of resources/services
    - Groups of families work on things together at gatherings
    - Currently benchmarking management teams (made up of at least 51% self advocates) doing outreach in community.
    - Families/self advocates helping one another
- Give people the opportunity to give back

- Important to make connection to family "on the other side" to help self-advocates/families transitioning – helps address fears
- Should peer-to-peer outreach be coordinated through MFP – state vs. local level?
- Important to include peer as part of the transition process back to the community. Then person transitioning will already know someone once out of the institution.
- Incorporate families early on in the process – state coordinated? MCOs?
- From Jeff McLeod regarding mental health organization:
    - Consumers helping each other
    - Sometimes funding support groups
- Check in with Sandra Farmer (Traumatic Brain Injury Support) to find out how they approach peer-to-peer outreach
- Involve peers early in process – don't add another layer by doing it later
- Groups that use peer-to-peer outreach: CFAC, SCFAC, NC-MHCO, TBI, first in Families, CILs, Family Services Network
- Many things "loose and informal" ex: Special Needs Baseball and faith-based groups like NCBAM
- Peer-to-Peer Outreach concept broadened so that families that have experienced transitions can do outreach to any group in community.
- Self advocates starting special interest groups, such as book club at Barnes and Noble.
- It's critical to get families to share success stories
- Ask families how they'd like to do outreach
- MCOs are <u>very busy</u> right now, but very open – opportunity to think about all populations in MCO system
- Not one-time conversation – ongoing conversation
- LCA ideas: Link family member fearful about transition to community with family that has experience – a common reality for all populations.
- Peer-to-Peer Outreach MFP to-do list:
    - Use existing structure
    - Use established benchmarks for performance (contracts, etc.)
    - Keep track of people who want to help

    - Can keep it going – peer outreach sometimes turns into peer support
    - Use informal support resources

Upcoming Priorities

- Incident/QA tracking
- Transition Coordination capacity building initiatives
    - Medicaid training component
- Supporting people with SPMI

Save the Dates

- May 14, 2012, 2:00 – 4:00pm
    - MFP Learning Series: Telesupport Options
- June 11, 2012, 2:00 – 4:00pm
    - MFP Learning Series: Self Directed Options
- August 10, 2012:
    - MFP Roundtable Statesville

# Attachment A
# MFP – NC Transitions
## May 11, 2012 Update

**Transitions Information:**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Total Transitions:** | **183** | 2012<br>26 to date | 2011<br>88 | 2010<br>39 | 2009<br>30 | |
| **Total Aging and Physical Disability Transitioned:** | **98** | 2012<br>20 to date | 2011<br>57 | 2010<br>12 | 2009<br>9 | |
| **Total Development Disability Transitioned:** | **85** | 2012<br>6 to date | 2011<br>31 | 2010<br>27 | 2009<br>21 | |
| **Number of participants who have currently returned to facility:** | **11** | | | | | |
| **Number of participants who have passed away since transitioning:** | **10** | | | | | |
| **Number of participants enrolled but have not transitioned:** | **126** | **Enrolled 2012**<br>61 | **Enrolled 2011**<br>52 | **Enrolled in 2010**<br>7 | **Enrolled in 2009**<br>5 | **Enrolled in 2008**<br>1 |
| | | 8 = DD<br>53 = Aging and PD | 16= DD<br>36 = Aging and PD | 3 = DD<br>4 = Aging and PD | 4 = DD<br>1 = Aging & PD | 1 = Aging & PD |

**Barriers for those Transitioning:**

**Most Noted:** Housing ● Family Support ● Deductible ● Lack of Provider Support
**Other Barriers:** Increased Behaviors ● Too many medical issues ● Decline in health ● Specific housing request ● Transitioned into 6 bed facilities ● Process took too long ● FL – 2 issues ● Slot allocation ● Issues with criminal backgrounds ● Issues finding a provider ● CAP staffing ● CAP eligibility

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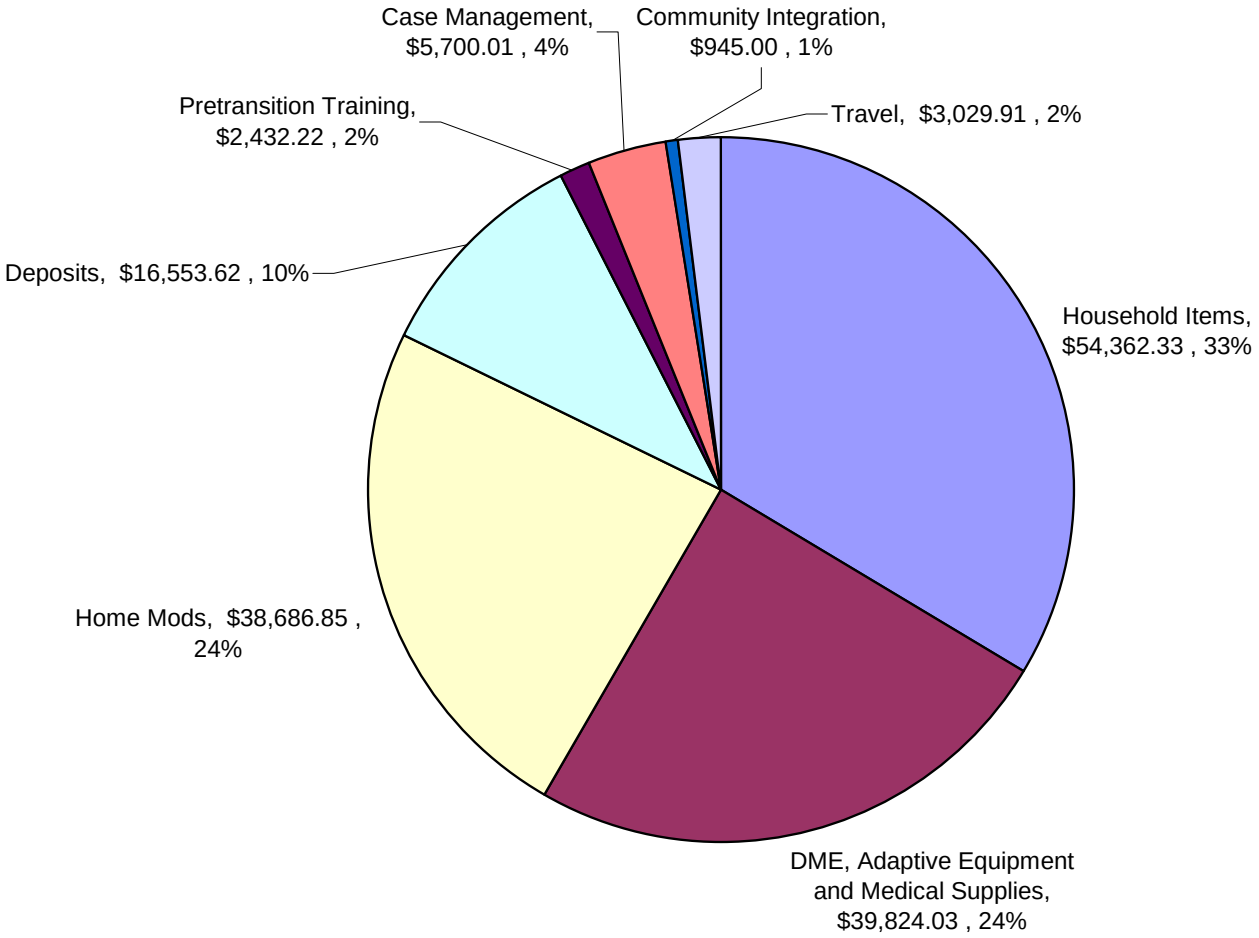
**Additional Information about our Benchmarks:**

| NC MFP Proposed Revised Benchmarks | | | | |
|---|---|---|---|---|
| | **Aging and Physical Disability** | | **Intellectual/Developmental Disability** | |
| **YEAR** | **Projection** | **Notes** | **Projection** | **Notes** |
| **CY 2009** | 9 | CY2009=actual | 21 | CY 2009=Actual |
| **CY 2010** | 10/12 | Revised Projection/Actual | 30/27 | Revised Projection/Actual |
| **CY 2011** | 60/57 | Projection/Actual | 30/31 | Projection/Actual |
| **CY 2012** | 75/20 | Projection/Actual | 30/6 | Projection/Actual |
| **CY 2013** | 100 | | 30 | |
| **CMS requires placeholder benchmark projections through 2015. These placeholder projections are based on CY2013 projections but will be revised through informed, collaborative decision-making.** | | | | |
| Maintained Benchmark Commitment from Original Operational Protocol | | | 304 | |
| Revised Benchmark Commitment Through 2013 | | | 396 | |
| Revised Benchmark Commitment 2013-2019*<br>2019=last year of MFP slot allocation | | | To be determined with thoughtful, collaborative decision making. | |

**Transition Year Stability Funds**
**Spending Chart**



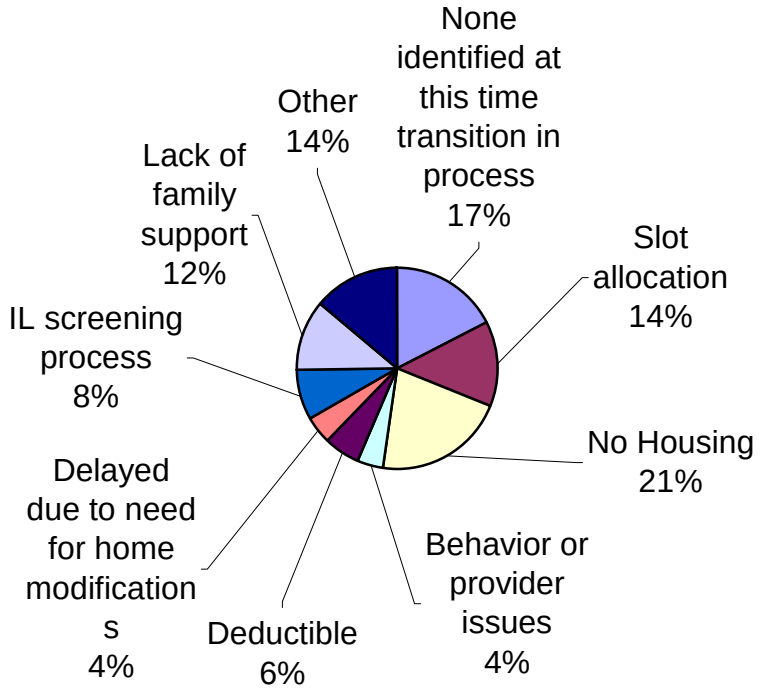

- 101 participants have used TYSR Funds.
- $171,399.24 has been accessed.
- $1,697.02 average used per person.

Attachment B

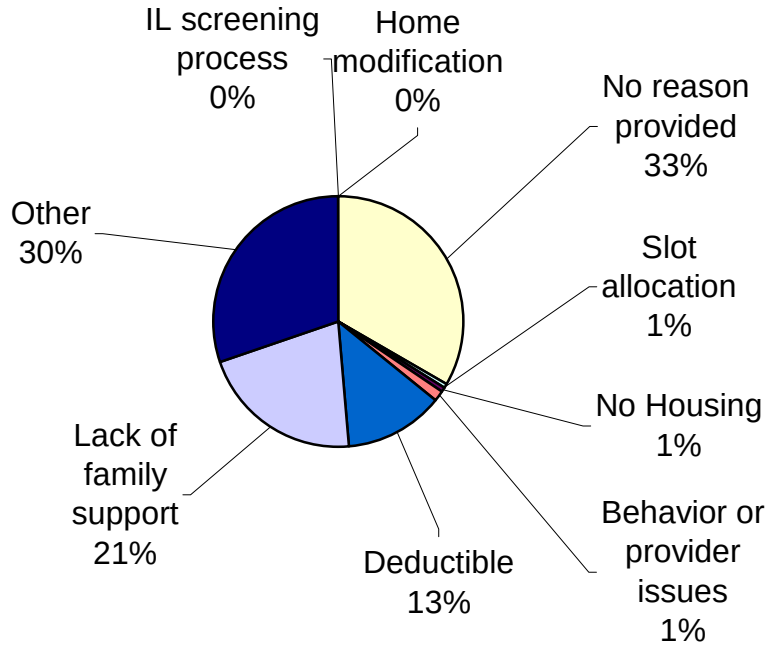
North Carolina MFP MONEY FOLLOWS THE PERSON

# Identified Barriers toTransitioning
Current as of May 9th, 2012

## Barriers Among Active MFP Participants



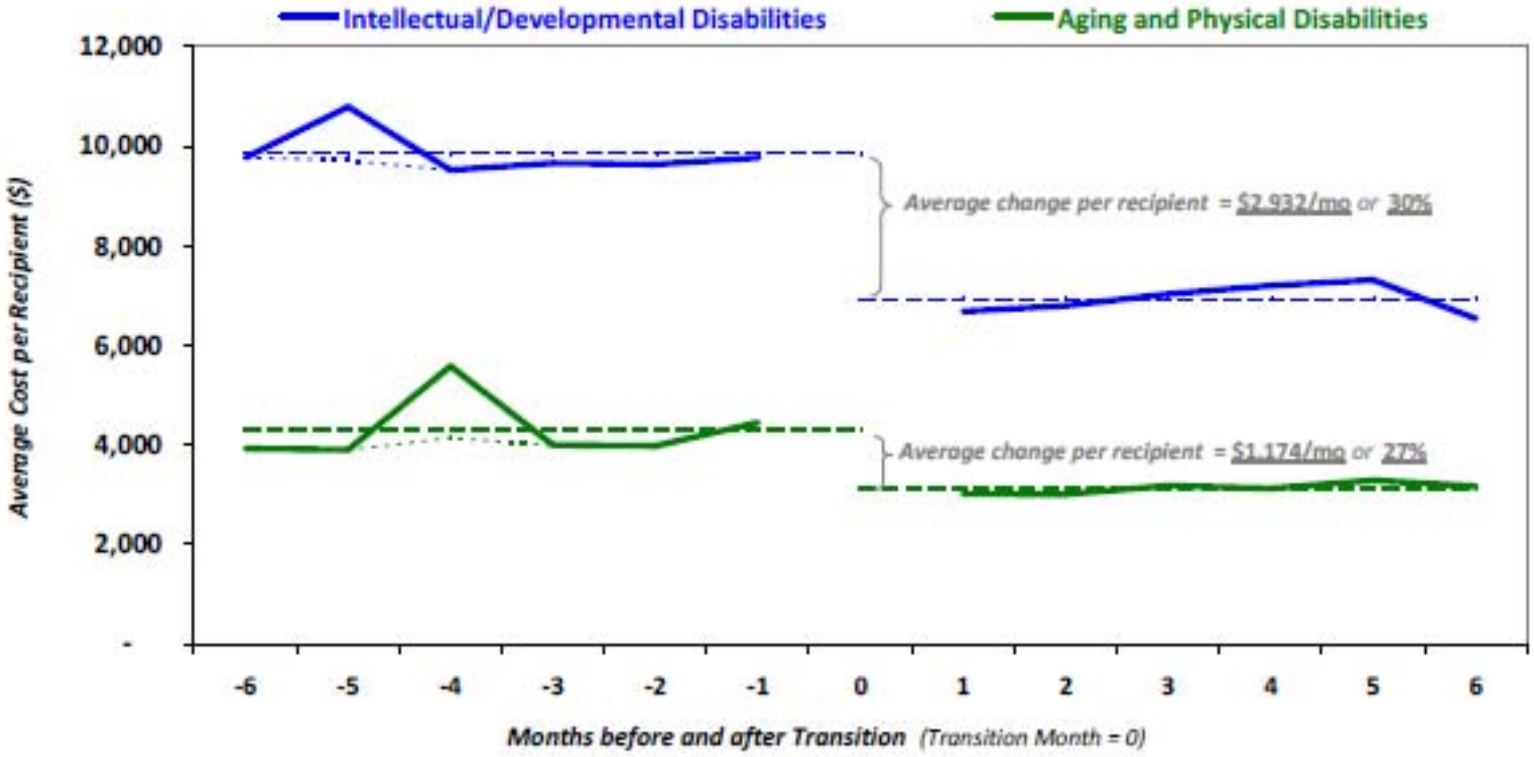

## Pre-transition Withdrawals




**Items included in Other category:**
MD refusing to sign FL-2
Legal issues
Specialized training needed for family
SNF will not return TC call
Waiting on CAP assessment
Participant chose to transition without MFP servicesDecline in health
Case Manager turnover in CAP agency
Moving out of state

Attachment C

***Average monthly cost per recipient, before and after MFP transition***




| Month | -6 | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Intellectual/Developmental Disabilities* | | | | | | | | | | | | | |
| *n* | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 | 62 |
| Avg Cost ($) | 9,771 | 10,786 | 9,516 | 9,654 | 9,628 | 9,760 | | 6,677 | 6,792 | 7,025 | 7,193 | 7,308 | 6,530 |
| *Aging and Physical Disabilities* | | | | | | | | | | | | | |
| *n* | 31 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 |
| Avg Cost ($) | 3,923 | 3,895 | 5,575 | 3,996 | 3,979 | 4,446 | | 3,013 | 3,010 | 3,174 | 3,122 | 3,286 | 3,162 |

*Notes :*

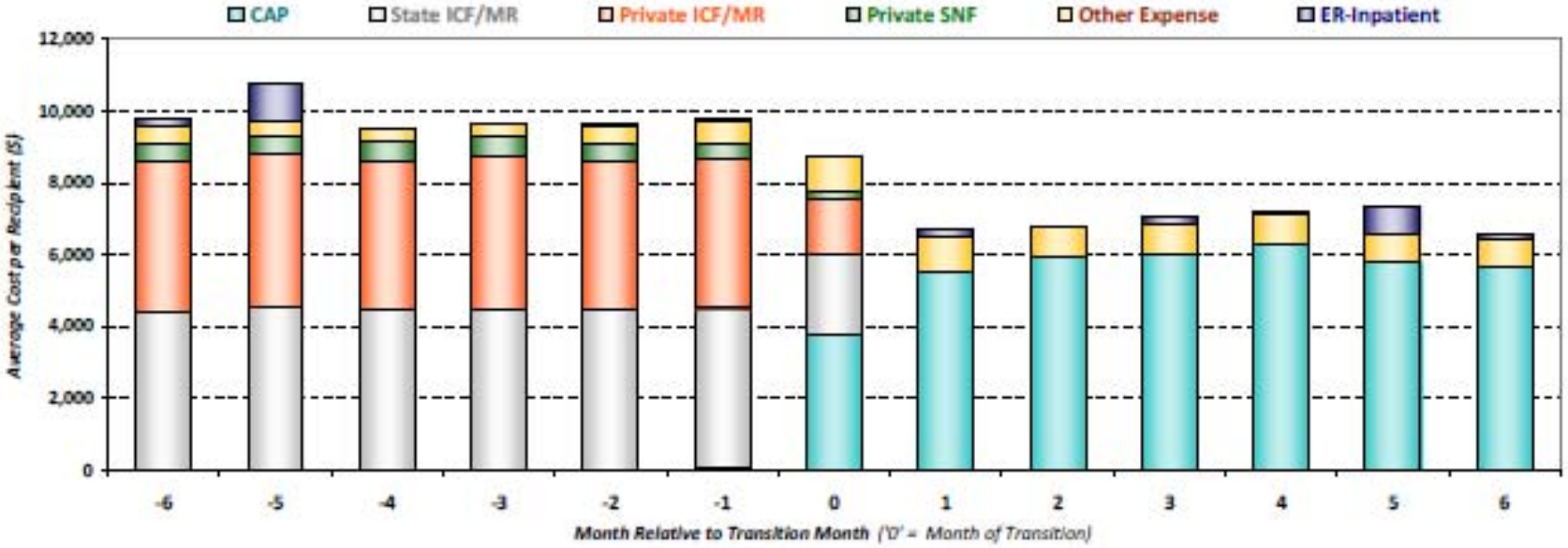
** Includes 95 recipients who transitioned by 7/1/2011. (Subsequent submission of claims for period extracted could affect final results).*

** Excludes recipients not enrolled for full interval or who returned to facility within 6 months after transition.*

** Includes both duals and non-duals, but excludes recipients whose dual status changed during the interval under analysis.*

** Dashed lines are pre- and post-transition averages; dotted lines represent how each pre-transition line would appear without the single inpatient stay of one recipient in each.*

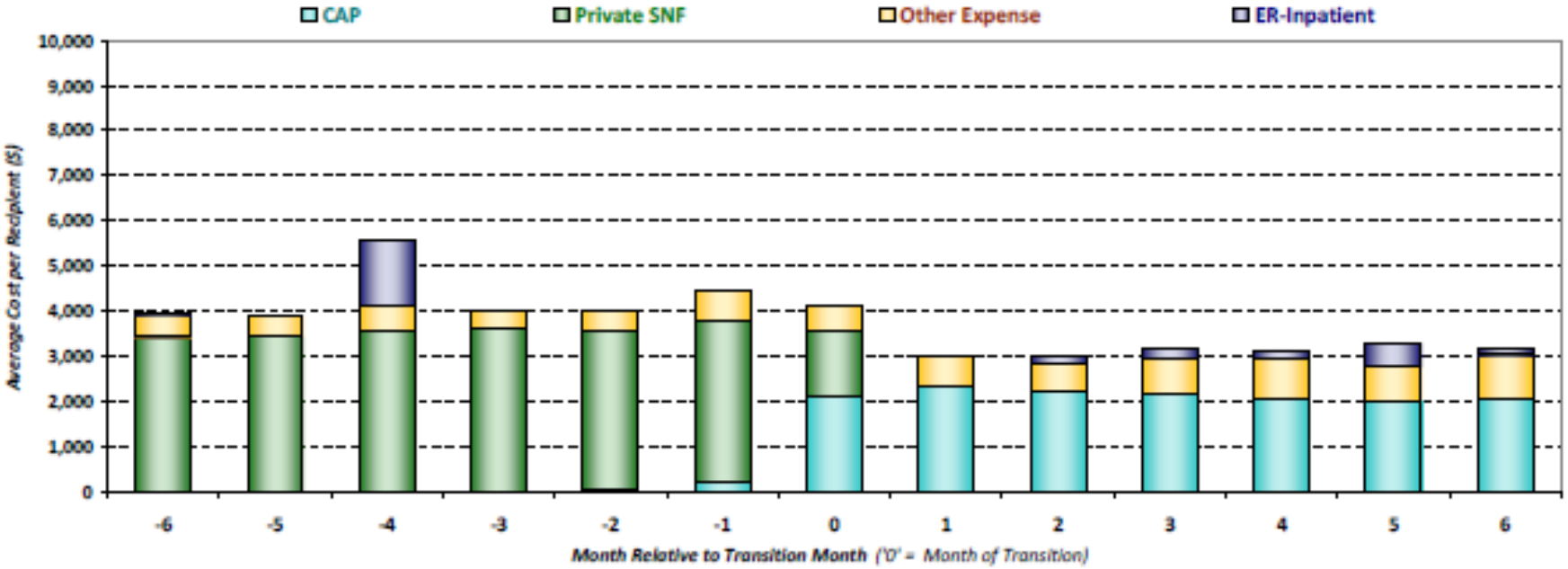
*MFP: Intellectual/Developmental Disabilities: Breakout of Average Monthly Cost per Recipient - All Medicaid Costs*




*Intellectual/Developmental Disabilities - Average Cost per Recipient for each Month:*

| | -6 | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ER-Inpatient | 188.62 | 1,069.53 | 0.00 | 0.00 | 60.66 | 37.57 | 1.07 | 176.98 | 22.87 | 190.07 | 59.07 | 748.46 | 95.67 |
| Other Expense | 478.96 | 418.80 | 360.93 | 380.87 | 489.87 | 632.09 | 967.10 | 963.67 | 827.63 | 821.13 | 884.41 | 795.69 | 795.54 |
| Private SNF | 531.74 | 520.91 | 535.68 | 516.99 | 480.73 | 434.60 | 237.95 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Private ICF/MR | 4,217.74 | 4,246.12 | 4,184.66 | 4,286.64 | 4,148.01 | 4,159.50 | 1,543.75 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| State ICF/MR | 4,353.89 | 4,530.84 | 4,435.01 | 4,469.03 | 4,448.66 | 4,433.40 | 2,236.41 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| CAP | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 54.15 | 3,762.19 | 5,536.46 | 5,941.13 | 6,013.87 | 6,249.61 | 5,763.59 | 5,638.46 |
| Total | 9,770.94 | 10,786.20 | 9,516.28 | 9,653.52 | 9,627.92 | 9,760.31 | 8,748.47 | 6,677.12 | 6,791.63 | 7,025.07 | 7,193.09 | 7,307.74 | 6,529.67 |

*MFP: Aging and Physical Disabilities: Breakout of Average Monthly Cost per Recipient - All Medicaid Costs*

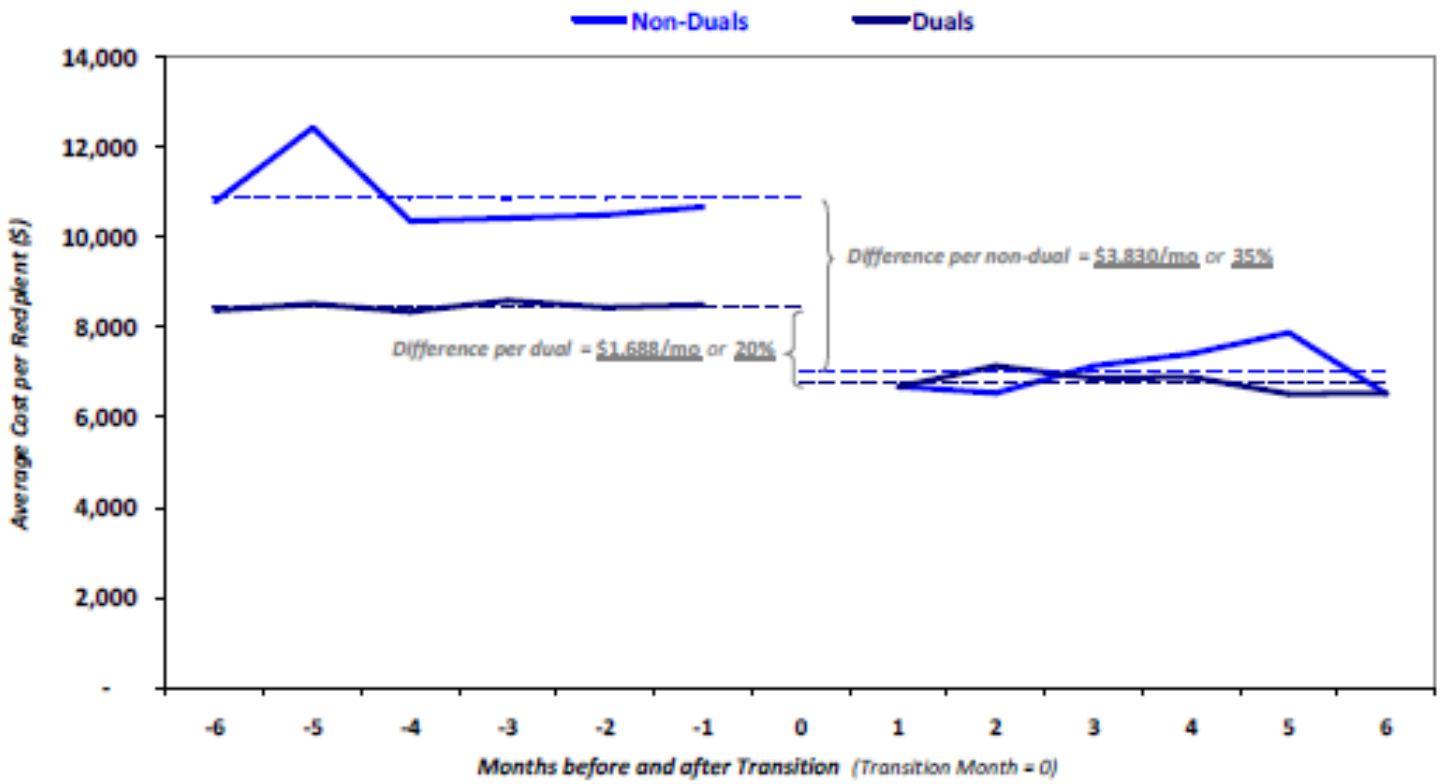



*Aging and Physical Disabilities - Average Cost per Recipient for each Month:*

| | -6 | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ER-Inpatient | 3.02 | 9.78 | 1,439.88 | 1.07 | 0.00 | 15.94 | 0.00 | 38.82 | 168.49 | 250.02 | 181.34 | 527.10 | 137.83 |
| Other Expense | 500.31 | 451.77 | 556.25 | 383.73 | 409.06 | 627.60 | 577.78 | 652.37 | 643.43 | 753.16 | 878.07 | 748.37 | 961.27 |
| Private SNF | 3,418.28 | 3,433.49 | 3,578.78 | 3,610.96 | 3,515.64 | 3,617.09 | 1,436.94 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| CAP | 0.98 | 0.00 | 0.00 | 0.00 | 53.91 | 185.39 | 2,102.27 | 2,321.60 | 2,197.92 | 2,171.10 | 2,062.86 | 2,010.79 | 2,063.34 |
| Total | 3,922.59 | 3,895.04 | 5,574.90 | 3,995.76 | 3,978.62 | 4,446.03 | 4,116.99 | 3,012.78 | 3,009.85 | 3,174.28 | 3,122.27 | 3,286.26 | 3,162.44 |

**Intellectual/developmental disability recipients only:**

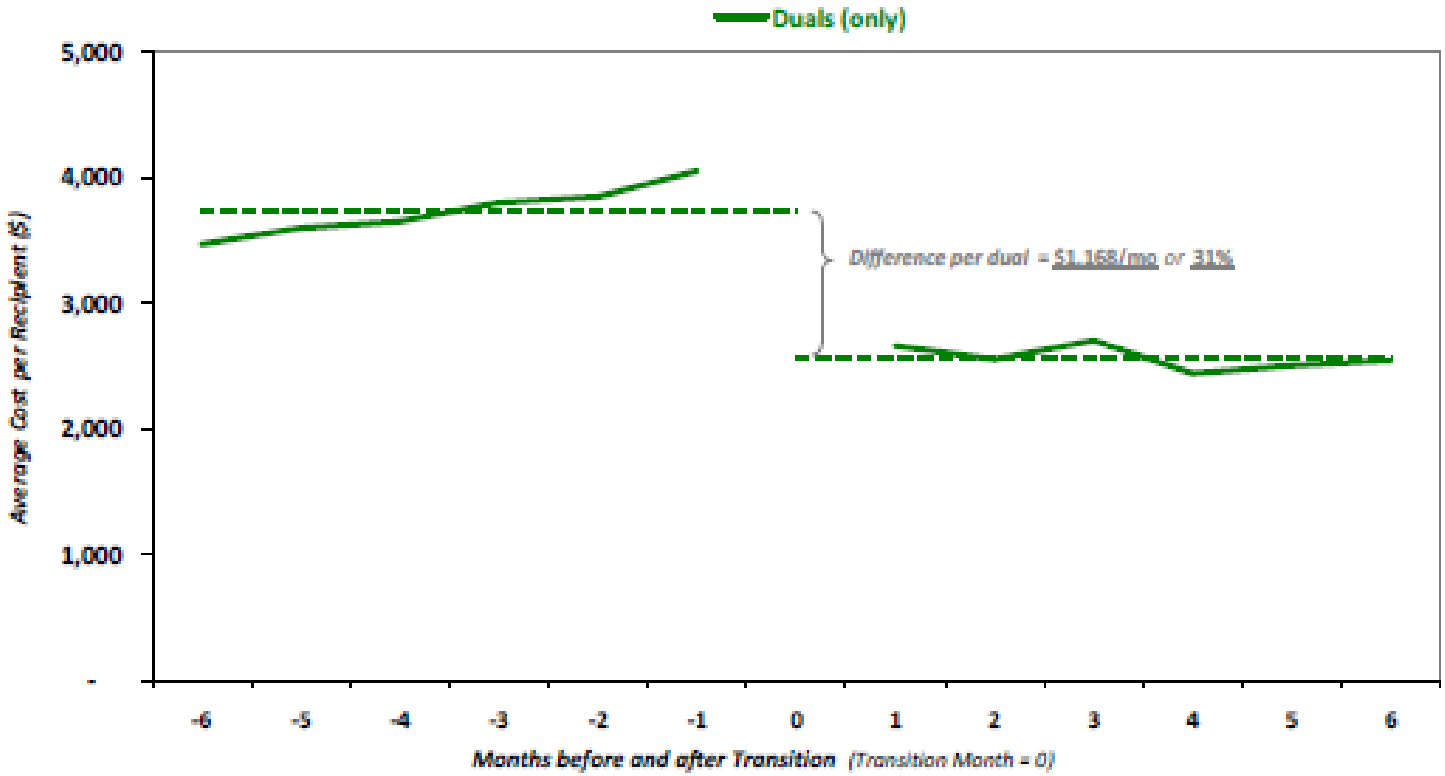
***Average monthly Medicaid cost per recipient, before and after MFP transition - Dually-enrolled vs. Non-Dual:***




| Month | -6 | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Intellectual/Developmental Disabilities - Dual Enrollees* | | | | | | | | | | | | | |
| n | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 |
| Avg Cost ($) | 8,375 | 8,515 | 8,348 | 8,590 | 8,435 | 8,496 | | 6,669 | 7,137 | 6,868 | 6,895 | 6,519 | 6,541 |
| *Intellectual/Developmental Disabilities - Non-Dual Enrollees* | | | | | | | | | | | | | |
| n | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 |
| Avg Cost ($) | 10,779 | 12,427 | 10,360 | 10,421 | 10,489 | 10,674 | | 6,683 | 6,542 | 7,138 | 7,408 | 7,877 | 6,522 |

**Aging and physical disability recipients only:**

***Average monthly Medicaid cost per recipient, before and after MFP transition - Dually-enrolled only***




| Month | -6 | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Aging and Physical Disabilities - Dual Enrollees* | | | | | | | | | | | | | |
| n | 26 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 | 27 |
| Avg Cost ($) | 3,465 | 3,595 | 3,646 | 3,796 | 3,844 | 4,048 | | 2,656 | 2,551 | 2,699 | 2,438 | 2,501 | 2,541 |

**Note: non-duals not shown due to small number (5).*

**Attachment D**
**NC MFP Quarterly Update to MFP Roundtable**
**Friday, May 11, 2012**

## Updates on 2012 Priorities and Other Activities

**MFP Rebalancing Fund:**

- Financial technical "to dos" in the works for earmarking funds.
- Funds will be available July, 2012
    - Priority One: ICF Voluntary Conversion Pilot
        - Hosted three meetings with ICF providers, MCO representatives and state staff
        - Last meeting: ICF provider in TX presented on voluntary conversion efforts; MCO in MI presented on supporting systems change.
        - Next Steps:
            - Meeting with HUD regional representatives to discuss ICF mortgages.
            - Outline DMA commitments
            - WAIT: guidance provided by group until MCO conversion is complete and "dust settles."
    - Priority Two: Supporting Housing
        - disAbility & Housing Collaborative representatives and MFP staff finalizing RFP to fund crosswalk.
        - Will incorporate DOJ settlement priorities when settlement is finalized.
    - Priority Three: Supporting Family Caregivers
        - Family Lifespan Respite group recommending supporting family caregiver peer support pilots.
        - Final approval anticipated at next Advisory group meeting (May 18).
        - Will draft IMOAs in conjunction with Lifespan Respite to be effective after July, 2012.

**Pre-Transition Case Management:**

- Seeking to authorize 8 hours of pre-transition case management to support case managers to participate in the pre-transition planning process.
- Have secured approval from CMS.
- Currently being analyzed by DMA Rate Setting unit.

**MFP in an MCO Landscape:**

- Transition Advisory Group continues advise the Project on how to structure its services to best support transition efforts in MCO context.
- Waiver slots available in MCO.

**CCNC**

- Working to ensure CCNC care managers can participate in pre-transition meetings.
- YEA DSOHF! Has developed a pilot to try out with State Developmental Center discharges.

**Staffing:**

- MFP Budgeting and Contracts position anticipated to be approved for posting soon.
- Time limited, 100% federal funding.
- Will circulate announcement on Roundtable.

**LCA:**

- Big thanks to CRCs!
- LCAs going to be conducting follow up Quality of Life Surveys for older adults.
- MFP may be partnering with DAAS to support CRC comprehensive client database.

**Non CAP Transition Efforts:**

- Finalizing contracting agreements with identified CILs. YEA!!
- Will be allowing individuals who do not require CAP DA services to transition.
    - Additional follow along
    - Retains priority status for CAP for the first year.