

**NC MFP Roundtable**  
Statesville Library  
August 12, 2011  
Notes



**Welcome and Introductions -**

Attendees: Eboni Blake, Christy Blevins, Margaret Bolick, Lydia Cosgrove, Melynn Cairo, Trish Farnham, Peri Gordon, Erica Harper, Kim Johnson, Linda Kendall-Fields, Michelle Klutz, Katie Kutcher, Anita Ledford, Vivian Leon, Deb Lee, Bailey Liipfert, Jeff McCloud, Sheila McLeod, Ashley McGill, Kevin Nale, Joanne Otuanye, Natarsa Patillo, Cathy Powers, Christan Poston, Renee Rader, Lorrie Roth, Erin Russel, Diane Upshaw

**A Homegrown MFP Story** – Christy Blevins shared a transition story about a client the MFP has served. He had physical as well as addictive problems. He was able to transition to his own place with MFP. He is very thankful for MFP and loves his freedom. He will be at the Roundtable in November.

There was also a mother daughter team where the daughter wanted her mother to come home to her. MFP assisted with mother's transition. DVR-IL helped with modification so she could be at home. She is very grateful for MFP's help.

**Update from MFP Staff**

- Project updates
  - MFP will be in PBH catchment area on October 1<sup>st</sup>. Union County does not have CAP-DA program. DSS is taking care of current CAP-DA program in Union County.
  - IDD slots are getting extra review at DMA because of budget.
  - Q – Is there data to support that there is savings by people living in the community? A Yes, data will be presented at November meeting.
- Transition Updates
  - Transition trends – Transitions at this time last year was 50, we are now at 114. Refer to handouts for details.
  - PACE - deductible are far more lenient and generous so more people could transition out under PACE. The PACE program likes complicated medical transitions. Need PACE map for state. MFP can also do a learning series on PACE.
- Transition Year Stability Fund
  - The funds are mainly being spent between Household Items and Adaptive Equipment. Many participants have not used this money and we encourage them to use it but not just because it is there.
  - Q – Can we use the \$500 for transition coordination case management after they have transition if they are not going to use it for case management? A – The transition coordination committee can look at this issue and decide how to determine the use of the restricted \$500.

- Quality of Life follow up survey trends
  - QoL additional questions to participants and/or family are finding participants “happy” to have community and family interaction, terrific caregiver support through AFL homes, and freedom of choice.
  - Challenges participants and family have seen is lack of transportation and participants relearning social skills.
  - More information is really needed to be given by agencies regarding the MFP program and benefits to participants and family members.

### **Advisory Group Updates:**

- Transition Advisory Group
  - “Thinking Group” Discussing Non-CAP Transition Possibilities to help those who do not rise to CAP level of services. Will have another meeting in September.
- disAbility and Housing Collaborative:
  - HB 509
  - Transition/Housing Handbooks are now available. Please contact Diane Upshaw if you would like a copy. Also available on CD.
  - Roommate Sharing and other Rebalancing Priorities
  - Conversation with Connecticut
- Reconvening of Family/Peer Support and Outreach committee - MFP is bringing these group back together. Please let Trish know if you would like to be a part of one if them.
- Data Advisory Group:
  - *Olmstead Book Club* meeting is September 9th from 2-4 in Raleigh.
  - Comprehensive Analysis of Long-term Care Studies. (full update to be provided at November meeting)

### **Rebalancing Fund Development Discussion**

- Recap of Rebalancing Fund’s Purpose - An estimate of the amount of state savings attributed to the MFP enhanced FMAP rate for each demonstration year. This money can be used to provide additional home and community-based services (HCBS). It is a restricted fund for the states to increase HCBS or build infrastructure (quality management system or train providers for example) that will lead to an increase in HCBS.
- Survey Result discussion - Housing was top in both categories. The top 5 were the same in both categories although in a different order. The other topics were: support to family caregivers, such as “respite” and other caregiver support options; coverage of one time “big ticket” expenses that Medicaid may not be able to cover like electric wheelchairs; strong mental health/behavioral health supports such as NC START and other community based behavioral health support; reliable, accessible, community-based transportation for example Buses, Bus subsidies or passes.

- Discussion of Rebalancing Funds' proposed priorities (in light of survey).
  - Wild Card category may include mental health support MFP Clients
  - Adaptive equipment therapists/specialist > get technological support (e.g. Home Instead)
    - Related to family support
    - Expand language if no family > community
    - Short term support more clearly role of MFP > rebalancing funds > keeps an eye on long term solutions
  - Endowment important > make part of outreach; explore grants for specific services/equipment (expensive items)
  - Idea of Community Foundation
  - Help people throughout system
    - Not just MFP
    - Increase awareness of project
    - Specify that monies go toward elimination of waiting list.
  - Housing is such a big priority > more of a barrier for those transitioning > such an expensive barrier.
- Helpful to understand
  - Foundations and endowments
    - Systemic barriers still exist > Rebalancing Funds are not band aids.
    - Should they be directed to deeper, systemic issues
- Way to identify the needs with right stakeholders at the table
- Survey frames priorities right now
- Support time banks (e.g. First in Families)
- Question about ICF voluntary conversion. Found to result in longer term success
  - Broaden conversation about
    - Nursing homes
    - Adult care homes
- Are states like Texas “souping up” community infrastructure (problem of people losing services after 21)?
- People not covered by MFP eligibility can get these funds > make sure to include Mental Health

## **Review and discussions of proposed funding structures**

### Steering committee Parameters and Structure

- Group meetings at through December 2011
- Who's on the committee?
  - Community Orgs, State Reps, Reps from facilities, families and consumers from:
    - I/DD
    - Physical Disability
    - Aging
    - Mental Health
  - Emergency Responders
  - Housing and Homelessness

- Habitat for Humanity
  - CCNC and NCBAM
  - Community Foundations
    - Kate B. Reynolds and others
  - DMA Financial Rep
  - MFP Staff
  - North Carolina Coalition for Long Term Care Enhancement (NCCLTCE)
  - CMS -TA
- Keep Olmstead perspective to have holistic systems approach
- Conflict of Interest
  - List of Potential conflicts of interest
    - Don't vote on those things that directly impact them
  - Policy on disclosure
  - Transparent process
- Process
  - Set Priorities > Bidders meeting
  - Send RFP
  - Rank Proposals
  - Once selected, organization has orientation on expectations
  - Different types of processes
    - Individual level request funds
    - RFP process
  - Money to individuals/
    - Vendors or Services
    - Get letters of Support from organizations
  - Think about "Letter of Intent" cycle > periodic vs. Continual
    - System in place to accept individual requests
    - Consider systemic requests too
    - Thoughts about
      - Responsibility of the organization (flexible use) instead of foundation
      - For individual allocation, need pay-it-forward expectations
    - Focus on systemic but...
      - Individual needs are more compelling
    - Ask organizations to reveal where they have looked for funding before coming to rebalancing funds
    - Pilot projects – "Best Practices" can be included
    - Include challenges to match funds and/or provide sweat equity
    - Create a Board of Trustees

### **MFP's Role in NC's Vision for Long-term Community Based Supports**

- DHHS' Mission: DHHS, in collaboration with our partners, protects the health and safety of all North Carolinians and provides essential human services.
- DHHS' Vision: All North Carolinians will enjoy optimal health and well-being.
- How Can MFP Best Support DHHS in development of vision for Long-Term Community-Based Supports?

- Across Divisions?
- Reflecting Collaboration
- Across disability and aging groups.

### **November's NC MFP Capstone Meeting**

- November 18, 2011, Raleigh
- To be invited:
  - Department Heads
  - DHHS Leadership team
- Topics:
  - A Year in Review
  - The State of Transition Efforts and Priorities in NC
  - Presentation of Rebalancing Fund Structure
  - Other?