

NC MFP Roundtable Notes
Friday, February 10, 2012
10:00-3:00pm
Greenville, North Carolina



Welcome!

Attendees: Anita Turner, Annette Eubanks, Becky Tyndall, Charlene Sparks, Christine Tolbert, Christy Blevins, Deborah Jones, Diane Skalko, Diane Upshaw, Ed Walsh, Eric Fox, Erin Russell, Fred Johnson, Helen Pase, Jeanie Moran, Jill Rushing, Jimmy Elliot, Julia Hudgins, Kathleen Schultheis, Kathy Hodges, Katie Kutcher, Keith Letchworth, Kim Johnson, Linda Kendall Fields, Lorrie Roth, Margo Battle, Marie Dodson, Melissa Reese, Michelle Anderson, Mike Weaver, Misty Hill, Morgan Malone, Natarsa Patillo, Patty Carpenter, Paula Johnson, Renee Rader, Sam Clark, Shameka Watford, Susan Johnson, Tammy Koger, Tammy Sampson, Tonya Cedars, Trish Farnham, Vanessa Anderson, Vicki Dougherty, Vivian Leon

MFP UPDATE & DISCUSSION

- Transition Data Report – 157 transitioned as of December 31, 2011
 - Proposed Revisions- the statistic for “Number of Participants who Have Returned to Facility” will include the number of MFP participants who are currently in the facility during the reported period.
 - TYSR Funds – Adaptive equipment and assistive technology needs comprise about 50% of all TYSR funds allocated.
 - Suggestion was made to use community resources (i.e. local durable medical equipment warehouse) whenever possible to allow these funds to be used to meet other needs.
- Rebalancing Fund Update – The MFP Rebalancing Fund is in the final stages of being formally established. While DMA will do a final reconciliation, the anticipated fund amount through CY2011 will be approximately \$682,868.00. The drop from the projected totals is largely due to Medicaid claims being lower than projected.
- Update on Other Priorities – See *NC MFP Quarterly Update to MFP Roundtable* in Attachment 1 of these notes.
- Operational Protocol Revisions Discussion:
 - Proposed Changes – See *MFP Table Summary of OP Revisions February 2012*, Attachment 2 at end of notes.
 - In-depth discussion of:
 - Revising MFP Benchmarks related to Assistive Technology
 - Project’s staff proposed Method for “Remodeling” Operational Protocol.

Current Assistive Technology Benchmarks:

The Group reviewed MFP’s current benchmarks related to Assistive Technology.

- See Attachment 3 at end of these notes for current benchmarks.

General Observations

- Current benchmarks do not capture how people get AT.
 - It's simply tracking numbers
- What do we want to know about AT?

Group Discussed Examples of Assistive Technology:

- Help with turning lights on (i.e. environmental control)
- Communication devices
- Computer technology – add-ons and access to internet
- Hoyer lifts
- Wheelchairs and other mobility aides
- Durable Medical Equipment (at Medicaid, is separated from AT)
- Medicaid covers only medically necessitated AT devices
- Assistive Technology is used for: vision, hearing, speech communication; learning - cognition, and developmental; mobility - seating and positioning; daily living, environmental adaptations, vehicle modification and transportation, computers and related, recreation - sports and leisure and other.

Discussion of Possible Benchmarks specific to Assistive Technology:

- Because of AT device, how many people are assisted in remaining at home?
- Through the "Quality of Life Survey," determine where AT came from?
- How many areas of the person's life are positively affected by AT? What are the areas of life? (Check boxes that show these categories)
- Wording is critical on the survey so people will understand
- Clear definition of what's captured by MFP re: "AT"
- Check with other MFP projects around the country re: how they track AT

Discussion of How Data Could be Used.

- Policy decision making and funding increases
- DMA can make an argument to get new devices on DME list
- Use for quality of life assessment
- Sharing information is helpful
- Help Transition Coordinators to "target" certain devices deemed important/helpful
- Training on AT and how it can be used – 1) Transition Coordinators; 2) LCA Options Counselors; 3) Consumers transitioning

Quick Discussion about NC Assistive Technology Program, DVR-IL

- There are 11 AT centers located throughout the state
- Important to try things out before buying
- Determine "fit" with home

- May take time to find right device
- Use AT experts!
- NC Assistive Technology Website: www.ncatp.org: click the NCATP Centers tab for contact information.

Reviewing our Outreach Policy

The Year of Storytelling: Getting the Word Out about NC MFP!

Trish observed that to-date the Project's outreach has been word of mouth and "low key." This was necessary at first in order to build staff capacity in order to meet increased demand that would result from more formal outreach efforts.

How are we currently getting the word out?

- Word-of-mouth
- Specific individuals – (e.g. LMEs)
- Trish's presentations
- LME monthly provider meetings
- Ombudsman program – family advisory groups
- CRCs – Local Contact Agencies and transition team meetings
- Developmental Centers getting the word out – yearly meetings with families
- Centers for Independent Living (CILs) through meeting consumers/transitions coordination
- Families talk to families
- Presentations currently happen "by invitation"

What do we want others to know about MFP/supporting individuals to transition?

- That it exists and works
- What the objectives are...
- The MFP process
- Eligibility requirements
- Long-term funding (short-term too)
- CAP IDD waiver is linked – explain role of CAP. Make sure it's appropriate – not always the final answer
- We work collaboratively with community efforts
- What resources are used in transitions
- Sharing success stories – support consumers to share their own stories
- Acknowledge people's fears – Let them know that supports will be put in place; we'll work together to create a safety net
- That it is accessible

Who do we want to reach?

- Families
- Medical communities

- Mental Health organizations
- Allied therapy
- Community-based ICFs
- Guardians and Corporate Guardians
- People residing in SNFS, ICF/MRs, state facilities
- Social workers of these long-term care facilities
- CFAC groups
- United Way agencies
- Advocacy organizations
- General community agencies
- Everyone! (e.g. churches, rotary clubs, etc.)

What we want to share:

- We are creating “welcoming communities,” not just government programs (shift the focus)
- Frame the message around “supporting people to come home” as opposed to only MFP
- Be realistic about limited resources
- Put the facts out there: (e.g. “NC is xth in the nation with respect to institutionalizing the I/DD population)
- Participate in CAC (Community Action Committees)

How to share news of MFP & supporting individuals to transition

- Internet: i.e. Facebook, Twitter, YouTube
- Newsletters
- Newspapers
- Local radio stations
- Websites
- Colleges/Universities – social work; rehab. services
- Network – get to distribution lists
- MDS (Minimum Data Set- used in nursing facilities) 1-800# on pen/post-it notes for SNF social workers
- Local family-to-family conversations
- Brochures – not just green folder – need tri-fold brochure
- Magnets

What would be best accomplished through local outreach efforts vs. state outreach efforts?

State Outreach Efforts	Local Outreach Efforts
<ul style="list-style-type: none"> ○ Brochure 	<ul style="list-style-type: none"> ○ Family-to Family
<ul style="list-style-type: none"> ○ Talking points (create & distribute for local outreach) 	<ul style="list-style-type: none"> ○ Local radio/television

<p>efforts)</p> <ul style="list-style-type: none"> ○ Create media (videos, etc.) to post at the local level ○ State map MFP locator ○ 2-1-1 for Information & Referral (State CRC efforts) ○ Presentations at state conferences (e.g. ARC; provider associations; hospice, etc.) 	<ul style="list-style-type: none"> ○ Medicaid workers ○ Local websites (post state & locally created media) ○ Communication and information provided to 2-1-1 ○ Local Chambers of Commerce ○ Booths/walk-a-thons ○ Sponsorship on t-shirts, etc.
--	--

Next meeting – Friday, May 11, 2012 in Fayetteville

Attachment 1

NC MFP Quarterly Update to MFP Roundtable Friday, February 10, 2012



Updates on 2012 Priorities Discussed at November Roundtable Meeting

Transition Coordination

- Continued training/expansion within CAP-DA Lead Agencies
- IL Transition Coordinators and MFP Assistant Director attended ABCs of Transitioning workshop in TX (thanks, Barbara Davis!)
- See NonCAP update below

Local Contact Agency Function

- CY2012 budget submitted.
- Met with western regional CRCs to troubleshoot.
 - Exploring how LCAs can best stay involved throughout transition process and for follow-along
- Exploring working with LCAs/CRCs do perform follow up Quality of Life Surveys

NonCAP Transition:

- DVR-IL, CILs and MFP in discussion for three-way partnership for NonCAP transitions (individuals who meet MFP criteria, but not necessarily CAP level of care) and potentially other transitions.

Rebalancing Fund

- Confirmed (3 times in last 6 weeks!) with DMA Budget staff that Fund on track to be established by March, 2012
- disAbility & Housing Collaborative made recommendation to fund Housing "Crosswalk," assessing NC's Medicaid services to determine how they could better support housing priorities.
- Family Lifespan Respite Advisory Group finalizing their recommendations.
- ICF-I/DD providers, LME/MCO representatives and other interested state staff and community partners met on January 25th to begin developing a pilot project using Rebalancing Funds to support voluntary ICF conversion for interested ICFs, develop flexible supports.
- Anticipated Timeframes of Rebalancing Fund Initiatives:
 - By March:
 - Fund confirmed
 - Staff develops preliminary IMOA/RFA/RFP language with (disinterested) members of Advisory group/Rebalancing Fund Steering Committee.

- By May Roundtable:
 - IMO/RFA/RFP language posted (fingers crossed).
- By August Roundtable:
 - Applications submitted
 - Blended committee reviews submissions
 - Awards made
- By November Roundtable:
 - Agreements finalized
 - First written update to committees from funding recipient.
 - Presentation to Roundtable.

Housing:

- See Rebalancing Fund update
- State staff and Wilmington Housing Authority representatives will meet to discuss Category 2 voucher utilization
- State staff and Wilmington Housing Authority attending national housing/MFP conference in March.

Outreach: BIG Topic for Today!

- DHHS Public Relations drafted newspaper article
- NC Council on DD articles
- RHA partnership
- Big thanks to CRCs who have “hosted” outreach efforts!
- MFP Learning Series continues (2nd Monday of each month, 2:00-4:00p)
- Presented to Leadership NC in Charlotte

Employment/MIG

- No updates this quarter.

Assistive Technology: BIG Topic for Today!

- Thanks to DVR-IL AT staff who will present on AT opportunities at MFP Learning Series in March.
- Discussion of Current MFP AT Benchmarks

Operational Protocol Overhaul: BIG Topic for Today!

- Discussion of proposed revisions.

Supporting Mental Health Needs

- No update this quarter

Medical Access (Recommended at January Learning Series, discussing Project’s Proposed Priorities for CY2012).

- Exploring partnerships with CCNC
- Co-chaired Transitions Workgroup under DMA/CCNC’s Dual Eligibles Planning Grant (see handout).

- Transition Advisory Group continues to explore/discuss ways to ensure CCNC is part of pre-transition planning.

Additional Updates

2012 MFP Waiver Slots for Individuals with I/DD

- Partnering with DMH, DMA and DSOHF to prioritize access for MFP slots to individuals in Specialty Units.
- Transition Advisory Group/state staff examining how MFP supports will look in MCO context.
 - 15 slots
 - “start up funds” likely restructured to prioritize pre-transition staff training, behavioral consultation, etc.

CAP C Soon to be Officially Part of MFP

- First “test” transition very successful.
- 5 slots allocated in MFP CY2012 supplemental budget
- “Technical architecture” hoping to be in place about April.
 - Will allow access to transition coordination and TYSR services.

MFP supporting CAP DA/CAP C Redesign Effort

- Researching/advising different services related to transition efforts, including:
 - Telesupport
 - Increased flexibility as aide services
 - Pre-transition case management
 - Flexibility in cross-county travel
 - Parity in respite options
 - Others
- Exploring:
 - Adult Foster Care
 - Roommate payment

Attachment 2

NC Money Follows the Person Demonstration Project Summary of Changes to Operational Protocol February, 2012

Proposed Change	Original Location In Operational Protocol	Revised Version (pagination will change once changes are incorporated)	Reason/What this Will Do
Increase Aging and Physical Disability Benchmarks by 10 Each Year	Page 22	Page	Reflect revised commitment to CMS
Incorporate DVR-IL partnership into transition coordination services	Page 50	Page	Reflect current practice.
Revise Transition Year Stability Fund language to allow community staff training time for pre-transition services at Home and Community Supports Rate (\$21.40)	Page 49	Page	Creates consistent reimbursement structure for pre-transition staff training; a critical element to successful transitions.
Revise Transition Year Stability Fund language to allow pre-transition consultation of community-based clinical assessment at set Medicaid rates.	Page 49	Page	Creates reimbursement mechanism for community-based clinical consultations to occur before the transition occurs. Allows for greater continuity of behavioral and other clinical care.
Revise Transition Coordination role to clarify requirement that Transition Coordinator conducts at least two face-to-face transition planning meetings	Page 50	Page	Reflects current practice.
Revise APS/Incident Reporting system to reflect current practice	Page 55 etc.	Page	Reflects current practice
Revise Informed Consent to more clearly authorize communication between MFP staff/transition coordinators and facilities, relevant community services.	Page 32 + Appendix	Page	Better informs MFP participant of potential communication needed to have a coordinated, collaborative transition.
Revise Informed Consent to clarify commitments of MFP participation to include working in partnership with MFP staff and transition team.	Page 32 + Appendix	Page	Ensures MFP participants clearly understand commitments participant makes.

Additional Anticipated Changes:

- Complete update (to reflect current/anticipated practices under NC Innovations, update outdated information/practices, etc.)
- Revision/tweaking of AT benchmarks, based on Roundtable feedback (TBD).
- Changes to Pre-Transition Case Management: To better meet the needs of CAP DA case managers and the new annualized unit practice, MFP will revise its demonstration service for pre-transition case management to allow for eight hours of pre-transition case management time and to ensure case managers do not have to utilize the annual unit allotment to meet pre-transition case management needs.
- Adding CAP for Children as an MFP transition option: To enable the MFP project to support children currently residing in MFP's qualified facilities to transition.
- "NonCAP" Transition Practices
- DVR-IL Administrative Support Position: To provide DVR's Housing and Transitions specialist and transition staff with administrative support to manage increasing volume of applications and general MFP activity.
- CIL Partnership: potential partnership to expand MFP and DVR-IL's current transition coordination partnership.
- DVR "Over and Above" Fund: To establish a fund that will be available to DVR/MFP participants who require additional resources to meet their assistive technology or adaptive equipment needs.
- MFP Budget and Contracts Coordinator Position: A position to ensure the coordination, implementation and oversight of all MFP contractual agreements and financial reporting requirements.

Attachment 3

The following additional benchmarks have been selected by the State:

3. Use of Assistive Technology

To promote a long term care system in which individuals at risk of transitioning from inpatient facilities have access to needed durable medical equipment, CAP/DA, and CAP/Choice are adding assistive technology as a service in future waiver renewals. CAP/MR-DD has within its current and future waiver, assistive technology already included. CAP/Choice and CAP/DA are up for renewal. The Department of Mental Health/Developmental Disabilities/Substance Abuse Services is currently developing a new Comprehensive CAP/MR-DD waiver.

Savings achieved as a result of the enhanced FMAP received by the Money Follows the Person demonstration will allow Money Follows the Person participants to receive newly purchased items and perform equipment repairs and general maintenance during the Money Follows the Person demonstration which will be sustainable after the Money Follows the Person demonstration ends.

Equipment - New

In 2006, North Carolina purchased 2,593 equipment items; in 2007, 903 items were purchased; and in 2008, 476 were purchased. In 2007 and prior, the Children's Special Health and Services (CSHS) program administered durable medical equipment for children. The drop in services from 2006 to 2007 was due to less client participation and imposed cost limitations when transferred to CAP/MR-DD waiver January 2008.

The projected number of items purchased, equipment rental and device demonstrations was determined by reviewing the Medicaid Management Information System claims data from the past three years, annualizing the data and determining a percentage based on the amount available for this Money Follows the Person demonstration rebalancing initiatives. Based on previous data, it is anticipated a 5% increase per year. This will result in monetary savings due to less need for nursing and in-home aid services.

The new equipment that will be purchased will range from low technology items such as adaptive utensils and transfer boards to high technology items such as speech generating devices, environmental controls. Under waiver renewals, the State will incorporate assistive technology devices *not currently covered* such as:

- security devices (example: remote keyless entry systems);
- reminder systems/devices (example: systems connected to the internet to announce reminders over an intercom system), and
- medication dispensing devices

These supports and services will be covered with FMAP during the demonstration period and afterwards with CAP waiver funds as appropriate.

	SFY2009	SFY2010	SFY2011
# of new items purchased	476	500	525

Equipment Repairs and General Maintenance

There is also research to support the need for equipment repairs and general maintenance. In 2006 - 2008, approximately 32 requests for equipment repairs were submitted. This supports the state need to include this service in its MFP demonstration grant. It is anticipated a 10% increase per year in equipment and wheel repairs. This includes ongoing maintenance such as battery replacement.

	SFY2009	SFY2010	SFY2011
# of new items repaired	9	10	11