



NC MFP Roundtable Meeting Agenda
Friday, November 14, 2014
9:30 am – 3:00 pm
Quorum Center, 323 W Jones St, Raleigh, NC 27603

9:30-10:00: Breakfast snacks and socializing

10:00-12:30p: Transitions: A Year in Review

- Welcome and Introductions
- Department and Division Directors' Reflections
- MFP: A Year in Review
 - Recap
 - Communications and Outreach update
 - Rebalancing Fund: Family Caregiver Respite Presentations
 - Next Steps

12:30-1:30: Lunch Together

1:30-2:45: Planning for Sustainability

- Launching and discussion of MFP Sustainability Planning effort

2:45-3:00: Closing Remarks

Save the Date

- MFP Roundtable Meeting: Friday, February 13, 2015

NC MFP Roundtable Meeting
Friday, November 14, 2014
10:00 am – 3:00 pm
Quorum Center
323 W Jones St, Raleigh, NC 27603



NC MFP Roundtable Meeting Notes

Meeting Participants:

- Alicia Blater, DAAS
- Alisa Brainard, Coastal Care-MCO
- Anne Hughes, Rescare
- Ashley McGill, DVR-IL
- Aura White
- Barbara Hicks, ADTS
- Barbara Many, DVR-IL (Asheville Office)
- Becky Arnette, Coastal Care-MCO
- Carol Donin, DMA
- Christy Blevins, DMA
- Courtney Williams, DVR-IL
- Cristi Coleman
- Danielle Andrews, DVR-IL
- Delores Brown, Richmond County Health Dept.
- Dena Cannon, Alliance
- Diane Upshaw, DMA-MFP
- Donna Tooill, DRR
- Erin Strain, DVR-IL
- Gay Joyner, DVR-IL
- Ginger Parker, Smoky Mountain Center
- Hannah Pittman, ADA-CIL
- Heather Burkhardt, DAAS
- Jamal Jones, DHHS
- Janice Brown, CenterPoint Human Services
- Jason Peace, Rescare
- Jeanne Mathews, Region A AAA
- Jen Branham, Smoky Mountain Center
- Jessica Keith, DHHS
- Jillian Hardin, ECCAAA
- Joan Plotnick, DMA
- Julius Brown, Rescare
- Kelly Crosbie, CCNC/INC
- Ken Edminster, DMA
- Kendra Dixon, UCPCOG-AAA
- Kristen Perry, ADTS
- Lakeisha Laporte, DMA-MFP
- Laura Ross, DMA-MFP
- Linda Kendall Fields, MFP
- Lorie Winn, Coastal Care-MCO
- Lorrie Roth, DAAS
- Lydia Cosgrove, DRR-CIL
- Marechalniel Miller, ADTS
- Marianne Collins, NCSU
- Marianne Nadeau, CenterPoint Human Services
- Mary Frasier, OCDOA
- Monica Hamlin, DMA
- Mya Williams, DMH
- Niki Ashmont, Alliance
- Pamela King
- Pamela Lloyd-Ogoke, DVR-IL
- Rani Thompson
- Rene Cummins, ADA-CIL
- Rita Quinn, CenterPoint Human Services
- Robin Williams, Fayetteville Street Community Living Home
- Sabrena Lea, DMA
- Sarajane Melton, Region A AAA
- Shari Thompson
- Tonya Cedars, ECCAAA
- Trish Farnham, DMA-MFP
- Zhenzhen Yu, OCDOA

Welcome and Introductions

Trish welcomed the group – thankful everyone made the trip. Lakeisha went over logistics for the meeting. Anticipating DHHS Secretary Wos' arrival at 11:00am today.

Participant introductions and Icebreaker question: "If the Secretary were to come to your house for Thanksgiving, what would you rather she not discover in your refrigerator or pantry?"

In preparation for Secretary Wos, Trish provided a quick review of Medicaid Reform efforts underway (see slides). At this point, the department is examining models of reform. Question: More waiver slots coming? Answer: It is possible with some models under consideration.

Real People, Real Lives

Two mothers/family caregivers of MFP participants shared photos and stories of their experience before, during and after transitioning their children home through MFP (Marianne Collins and Cristi Coleman). They both thanked the people who helped them through the process and are eager to help spread the good news about MFP.

Secretary Aldona Wos' visit to MFP Roundtable

Trish shared the Secretary's biography. When asked what was not well known about her, the Secretary shared that her twins are at Duke; one is a Division I athlete.

She has been at DHHS for 21 months with a priority to improve Medicaid, an important issue at a state and national level. It will take time. DHHS leadership holds a vision of stability and sustainability as well as integrated, whole person care. Has had her own challenges with long-term services and supports (family) – she understands what we do!

We need to build on what works as opposed to dismantling and creating something new i.e., stabilizing and improving present operations. Moving forward toward a vision that will last.

The plan must value compassionate and committed providers – we need health care providers in the system! Envisioning aligning Accountable Care Organization and LME/MCO model = real outcomes. How do we reward people for doing good work? Align funding to these goals.

Committed to continuum of care, including home and community based options.

1. LTSS is very difficult to navigate – individual creativity – but challenges of integration – too fragmented. How to fix it? That's the hard part – how to be the leaders of the plan. YOU are the leaders of the plan! Secretary Wos acknowledged the two mothers in the room.
2. Options counseling is key – complete and appropriate information. Work towards a whole person concept.
3. Appropriate level in our system for what is needed – need comprehensive approach and greater collaboration. Currently examining the models available (Capitated? Accountable Care?). Build on the Money Follows the Person model.

Secretary Wos is asking us to be more vocal – re: plan was not passed at the NC Senate. Ultimately, a sustainable and predictable system will be provider-led and patient-focused.

Be vocal; speak up; financial incentives to keep/get people healthy; work together!

Timing for working with ACOs/MCOs – hope to negotiate with the Senate when they return in January – lost a year when initial plan didn't go through.

Department and Division Directors' Reflections

Expressions of gratitude (Trish) – Reflecting on DMA Home and Community Services and Supports – Sabrena Lea thanked the MFP network, noting it has had longevity and breadth. DMA vision is to lead the transformation to a healthier North Carolina. MFP exemplifies partnerships. Over last 5 years, grant has transitioned to integrated program.

Acknowledged leadership of Trish and the MFP team. Excited about Options Counseling and Transitions Institute. Pleased that NC was awarded the “No Wrong Doors” grant. Working to streamline systems and transforming technology to facilitate communication with each other and beneficiaries. MFP will be aligning itself more closely with the PACE program. Sabrena was pleased to see the growth of the MFP network – needing a larger space now.

Points of gratitude from Trish to people in the room: Thank you to Division of Medical Assistance, Division of Vocational Rehabilitation – Independent Living; Division of State Operated Health Facilities, Division of Mental Health, Intellectual Disabilities & Substance Addictions, plus MFP staff.

MFP: A Year in Review

Rebalancing Fund: Family Caregiver-to-Caregiver Peer Support/Respite Presentations – Alicia Blater, Family Caregiver Support Consultant & NC Lifespan Respite Project Director: Grateful to MFP; 1 out of 5 adults in NC are family caregivers. Provided background to the Family Caregiver Projects funded under the MFP Rebalancing Fund.

Orange County Department on Aging – Two staff members reported on the Peer-to-Peer Project at one of the senior centers in the county, where they noticed a growing number of Chinese older adults. The largest minority group in Chapel Hill is Asian/Chinese. This grant offered opportunity to reach out to older adults unable to come to the center. Peer-to-Peer Project a good fit with an immigrant population. Barriers to service include: financial, language and cultural norm discouraging people from reaching out to professionals. What they did: 1) Developed brochures; created Chinese web page of services available, communication with medical students re: caregivers and language. They found it a) Really important to establish services with new population – building trust first step; bi-lingual volunteers, drivers; b) Even short contacts by phone to caregiver was appreciated. c) Shared helpful materials – education important to this group. Larger group able to learn from Chinese culture

Rockingham County – Aging and Disability Transit – provided handout (available upon request) – recruited and trained 9 peer support specialist and 3 respite workers. Lessons learned – had to earn trust to get caregivers to take care of themselves. Did see evidence of diversion/delay from nursing home placement.

Recap – See Trish’s Director’s Report

MFP has been supporting people for the past 4 + years. Things to prioritize in next 5 years: 1) Continued Increase in Transition- Related Competencies; 2) People have improved access to housing options; 3) People’s family caregivers are effectively supported; 4) People participate in community life; 5) Agencies collaborate to effectively support the needs of an individual; and, 6) People have access to behavioral and medical supports needed

Transitions to date – 470 – ups and downs in the transitions story this year.

No Wrong Door Grant Planning Grant: Heather Burkhardt, DAAS, offered a few comments regarding this new planning grant.

Communications and Outreach Update - Linda Kendall Fields shared progress from the MFP Outreach Crew and asked for feedback about how people receive and send MFP information. She also invited people to notify her of Success Stories. Joan Plotnick added that simple messages could be sent to “Tweet” through DHHS (see handout provided during meeting).

Planning for Sustainability

Launching and discussion of MFP Sustainability Planning effort – wait until February meeting.

Save the Date

MFP Roundtable Meeting: Friday, February 13, 2015 in eastern part of the state (TBA)

Meeting was adjourned



N.C. Department of Health
and Human Services

NC MFP Roundtable: 2014 Year-in-Review

November 14, 2014



N.C. Department of Health and Human Services

Where are We Going?

The Direction We Set in 2011

Immediate Priorities: Ensuring the Project We Want

1. Ensuring the quality of the transition process.
 - Strengthening the transition coordination function
 - Strengthening the advancement procedures
2. Ensuring continued integrity of financial, data and reporting systems and practices.
3. Expanding the Project:
 - Collaborating with B/C waiver catchment areas.
 - Exploring expansion into supporting people with severe and persistent mental illness.
 - Continued outreach
1. Supporting the Development of the MDS 3.0 Referral and Transition Team Process, strengthening the local infrastructure to effectively perform these functions.
2. Assisting public housing authorities that support MFP participants.
3. Develop mechanism for self-advocacy/family support groups to conduct follow-up visits and follow up Quality of Life surveys.

Mid-Range and Long-Range Priorities: Building the Supports and Communities We Want

Emerging Mid-Range Questions

- How do we create additional flexibility within services?
- How do we better collaborate around data collection?
- How do we better support families who care for their loved ones at home?
- How do we build a stronger network of community-based medical, behavioral, therapeutic supports?
- How do we better utilize assistive technology?
- How do we better support people to live in their own homes?
- How do we support voluntary organizational expansion/conversion in order to strengthen the community?

Long-Range Questions

- How do we fit into our state's Olmstead strategy?
- How do we most effectively address institutional biases codified in statute?
- How do we build a plan that most effectively rebalances our long-term care systems?

This Year We Began Examining Our Role: What We Asked

- How has MFP contributed to North Carolina's Long Term Service and Supports (LTSS) systems design?
- What are key elements that NC needs to address over the next five years to further MFP's four objectives?

What You Told Us

Clarity to
transition function
and process

Working around
barriers

Emphasis on high
risk/engagement
populations

Source of
Transition Data

Reducing silos,
improving
collaboration

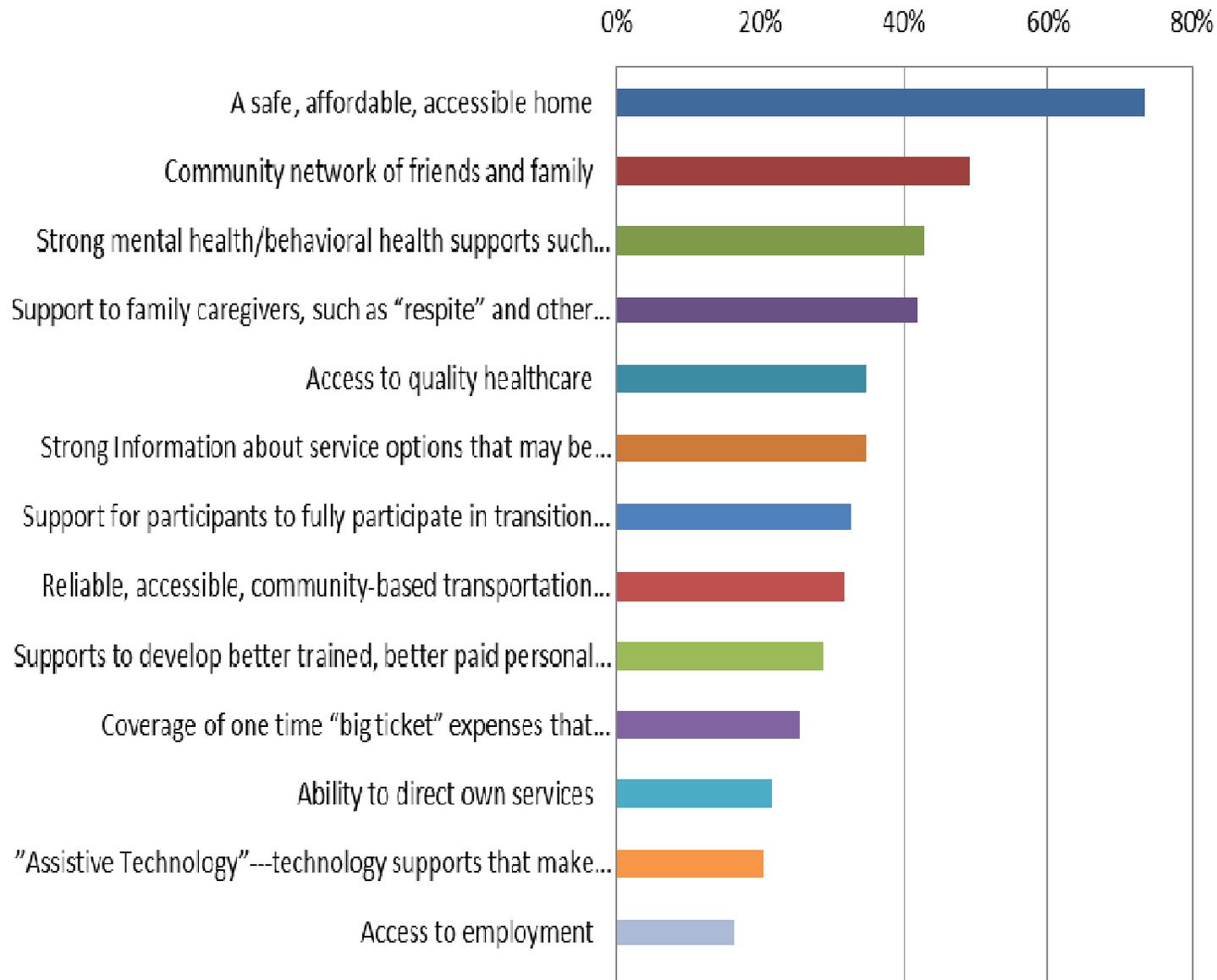
Elevating competencies
of LCAs, transition
coordination function

Our Priorities: What You Told Us

- What Are the Top Things That Ensure People Can Transition Out?
- What Are the Top Things That Keep People in their Communities?

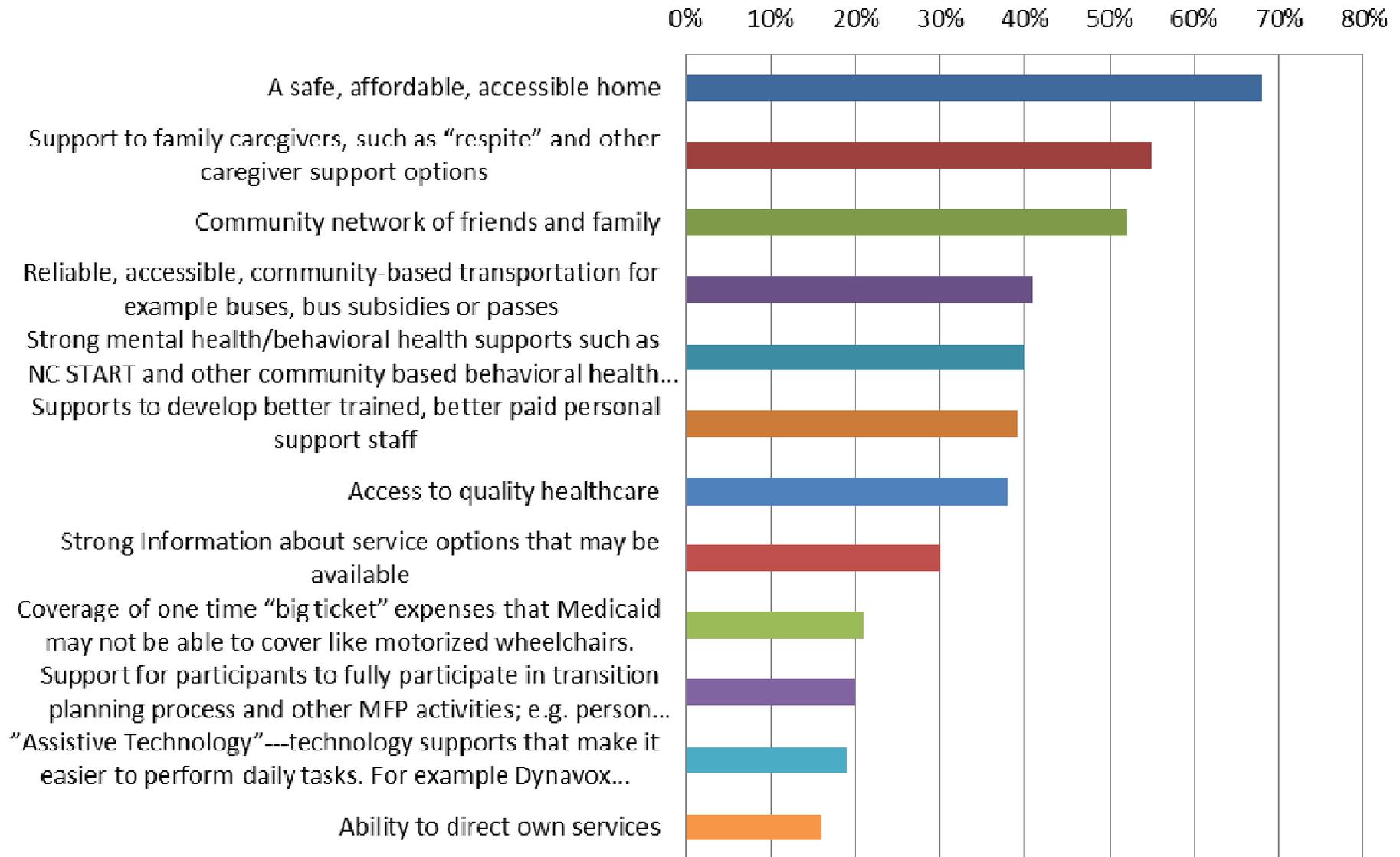
What You Told Us

Factors that help someone leave a facility



What You Told Us

Factors that keep people out of facilities



Continued increase in transition-related competencies

People have improved access to housing options

People's family caregivers are effectively supported

People have access to behavioral and medical supports needed

Person-Centered Transition

People participate in community life

Agencies collaborate to effectively support the needs of an individual

Our Updates on Job #1

Managing the Day-to-Day Needs of Transition
Work and the Project

Transition Update

A Review of MFP's Transition Activities in 2014

Giving Attention to Responsiveness

- Realignment of staffing responsibilities
- Prioritizing applications received directly from:
 - LCA
 - MCO
 - Transition Coordinator
 - CAP DA or PACE
- Expansion of Contracted Transition Coordination

What We Know...

- Interest in transition coordination uneven among CAP DA agencies.
- The “case loads” of transition coordinators are often too big.
- Synchronizing all of the moving parts (aligning housing with assessment dates, etc. remains a logistical challenge.
- For IDD: sometimes difficult to ensure high engagement folks have pre-transition training needed.

MFP Transition Coordination: Physical Disability and Aging*

WESTERN REGION

- Ashley McGill: DVR-IL
- Barbara Many: DVR-IL
- Lydia Cosgrove: DR&R
- To be announced

CENTRAL REGION

- Christan Poston: DVR-IL
- Hannah Pittman: Alliance

EASTERN REGION

- Danielle Andrews: DVR-IL
- To be announced



*CAP DA Lead Agencies Also Have Option of Providing Transition Coordination Services

Strengthening the Integrity of the Transitions

- Transition and follow along practices strengthened for high engagement individuals.
 - Pre-transition briefing
 - Follow along requirements
 - Risk mitigation planning and support
 - Partnering with other colleagues to identify effective tools to screen for substance addiction, mental health needs, etc.

Celebrating the of transition work

A Thank You to Transition Coordinators

Ensuring Better Access to Housing

- This year, the Project secured priority status for MFP participants secured priority status for state housing subsidies.
- MFP funding 1 FTE as part of the DHHS Housing Network.
- Partnership with DHHS in designing a supporting living service definition for Innovations

Data and Budget Management

- Maintained CSC Workaround, ensuring providers got paid and Project remained in compliance with our federal reporting requirements.

 Announcement: MFP is anticipated to “go live” in NC Tracks late Spring, 2015
– More announcements to come.

And speaking of data...

- Setting the groundwork to measure personal outcomes for transitioned individuals.
- ★ National Core Indicators Pilot will start in 2015.
 - Partnership between DMA and DAAS, MFP-funded.
 - Will provide statistically valid and reliable outcome measures of LTSS individuals, across funding streams.

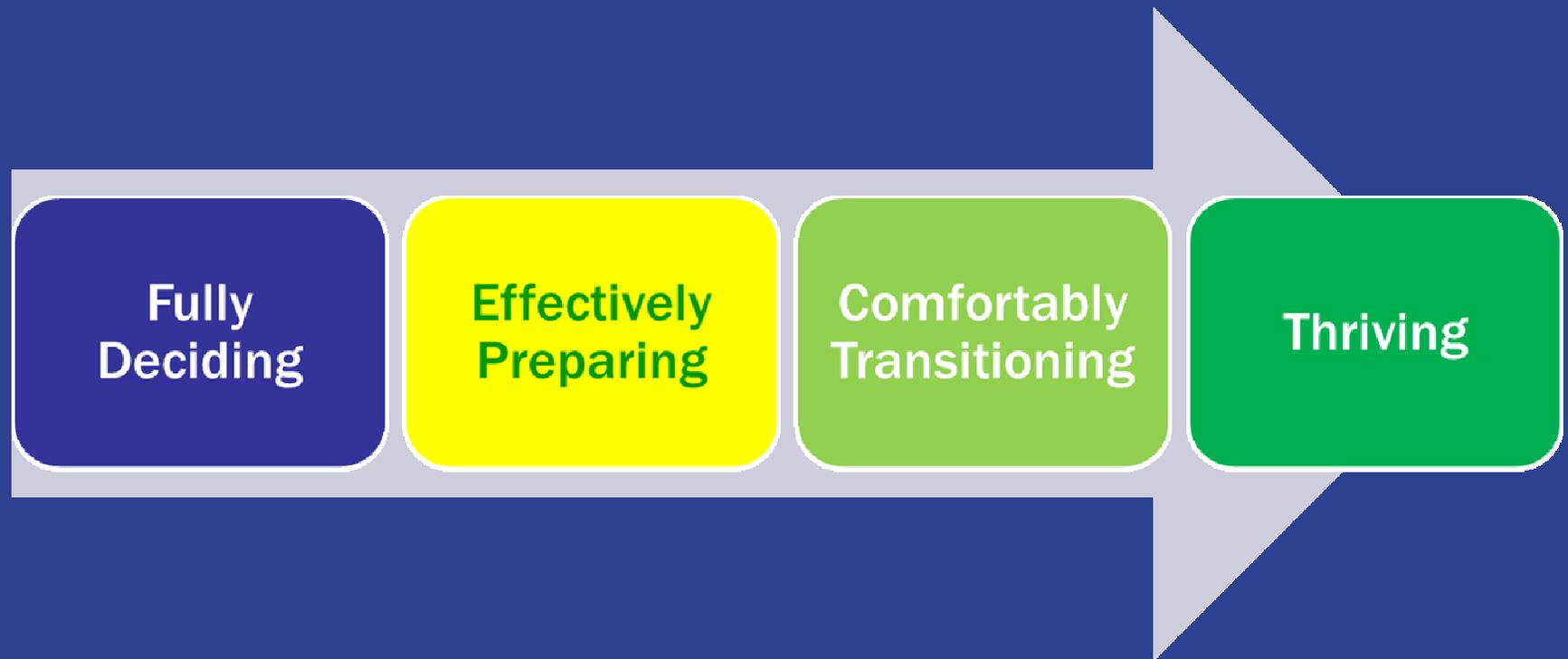
Shaping the Road Ahead.....

NC MFP Rebalancing Fund Initiatives

Transitions and Coordination Institute

- Pilot of Effort to Develop a More Comprehensive, NC-Specific Structure for Supporting Options Counseling, Transition Coordination and Care Coordination Functions
- In partnership with DHHS, DAAS, DVR, DMH, DMA, NCSU

The Elements of Quality Transition Planning



Identified Pilot Participants

- Attend a 2 Day Conference with emphasis on transition-related topics such as..
 - Dignity of risk/experience; supporting family dynamics in transition work; supporting participants in building skills for community living
 - Looking to April/May
- Exploring additional trainings and use of learning management system.
- Intent: to develop a permanent and

I/DD High Engagement Follow Along Pilot

Providing intensive interdisciplinary support to
transitioning individuals with complex dual
diagnoses.

Examining Our Roles

Evaluating the LCA and Transition Coordination
Function

What We Also Know: The Importance of Shaping Our Own Future

- Medicaid Reform
- Sustainability Planning (this afternoon).



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The LTSS “Essential Aims”

Information about Options

- Clear, responsive, user-friendly points of access to the system.
- Beneficiaries are informed about all available LTSS options

Whole Person Supports

- Unified assessment
- Improved integration of primary care and behavioral care into LTSS
- System ensures continuity through transitions in setting and services

System Capacity

- Elevated case management, options counseling, transition planning and care integration competencies
- IT platforms effectively meet the short-range and long-term needs of the reformed LTSS system.

Examining Our Options: Potential LTSS Reforms

Fee-for-Service LTSS

Shared Risk LTSS

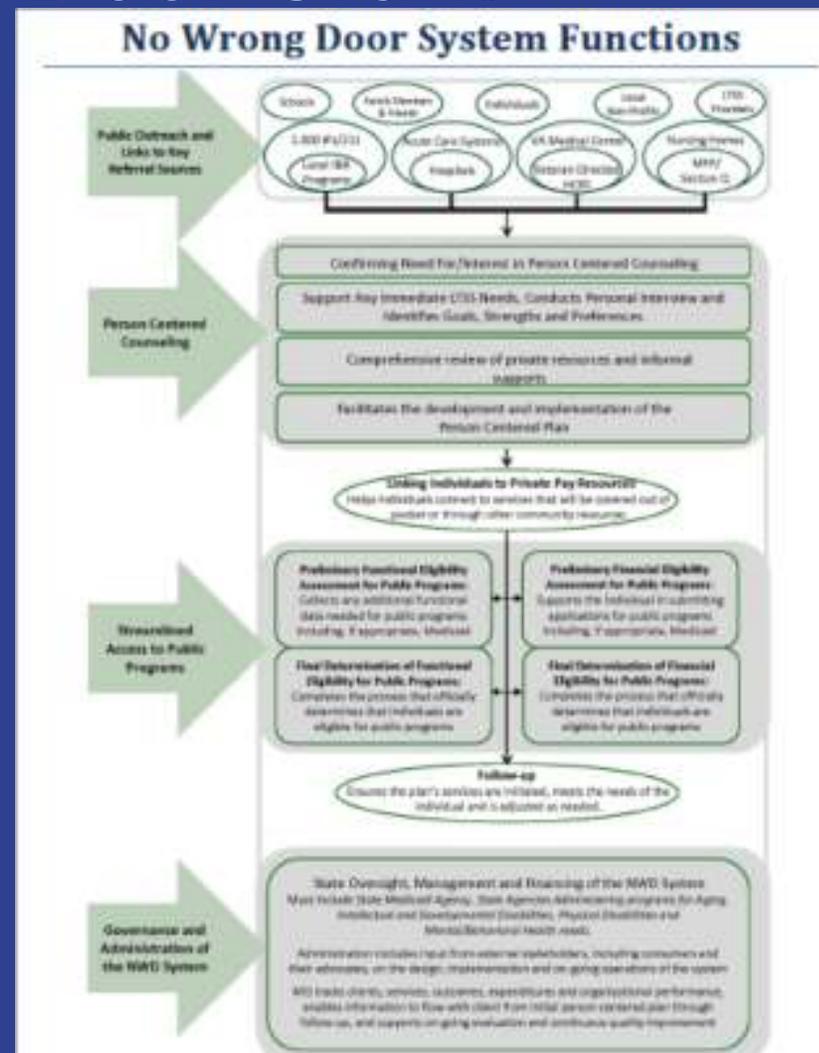
Managed LTSS (Capitation Payment)

Enhance current FFS system with uniform assessment & usher function		Same, plus physical health ACO responsible for LTSS care transitions	ACO fully coordinates LTSS; costs of LTSS counted in ACO gain/loss	Capitation to limited special needs plan for LTSS services only	All LTSS-qualifying recipients enrolled in full-service special needs plan	LTSS and all other Medicaid recipients together in full-service health plan
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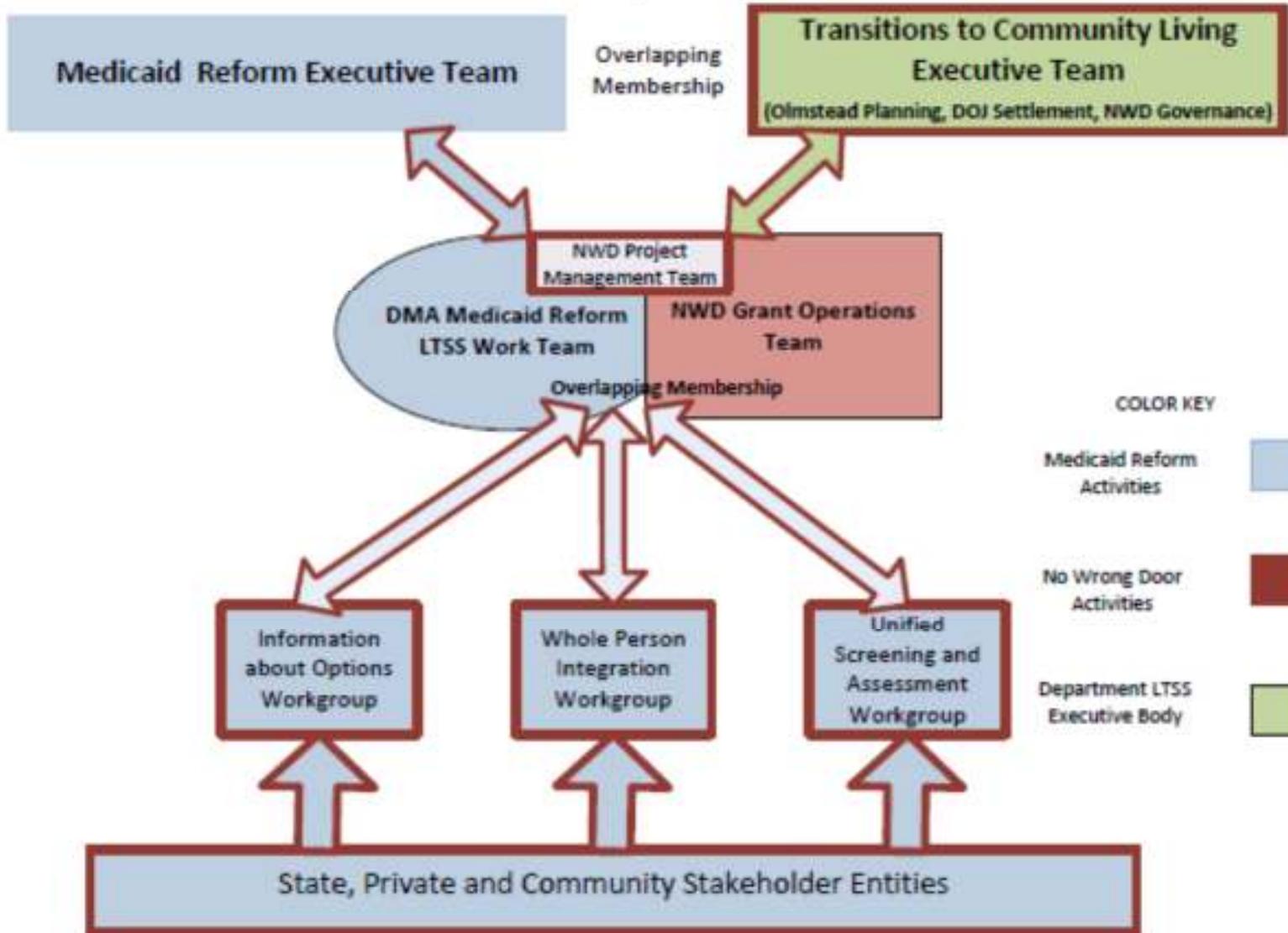
Use Stakeholder Workgroups to Help Analyze, Research and Raise Questions

Supporting the Effort: No Wrong Door Grant

- Planning Grant
- Submitted in Partnership with DAAS
- Will support LTSS Medicaid Reform but broader.



NC DHHS Secretary-Level Initiatives



A Collection of Our Words of Wisdom...

- 2010: “Just keep swimming”
 - » Dorie the Fish, Finding Nemo
- 2011: “Don’t rush, don’t stop.”
 - » Brought to us by Linda Kendall Fields
- 2012: “To go fast, go alone. To go far, go together.”
 - » “African” Proverb
- 2013: “We’ll figure this out.”
 - » Bill Loomis, IT Superhero

2014:

“Do what you can, with what you
have, where you are.”

--Theodore Roosevelt

So This Afternoon... As we begin
thinking about sustaining transition
work....

What can we do to change in our
philosophies, our practices, and our
systems?

Telling the Stories

Updates from MFP Outreach Efforts

Supporting Family Caregivers

Updates from MFP Rebalancing Fund Partnership with
DAAS Lifespan Respite Program

MFP – NC Transitions
November 14, 2014 Update
Transitions Information:



Total Transitions:*	470**
Total Aging and Physical Disability Transitioned:	297
Total Development Disability Transitioned:	173
Number of participants enrolled who have not transitioned:	320
Number of participants who have returned to facility: (Cumulative number of individuals who returned to the facility <u>for over 30 days*</u> during their MFP participation year divided by total number of transitions) *Criteria added November 2014	38 (8.08% of total transitions) (Based on self report, NC Tracks claims data, and Advantage Suite living arrangement code data.)
Number of active participants who have passed away since transitioning home: (Cumulative number of individuals who died prior to disenrollment during MFP participation year divided by total number of transitions)	33 (7.02% of total transitions) (Base on self report and Advantage Suite data.)

Additional Information about our Benchmarks:

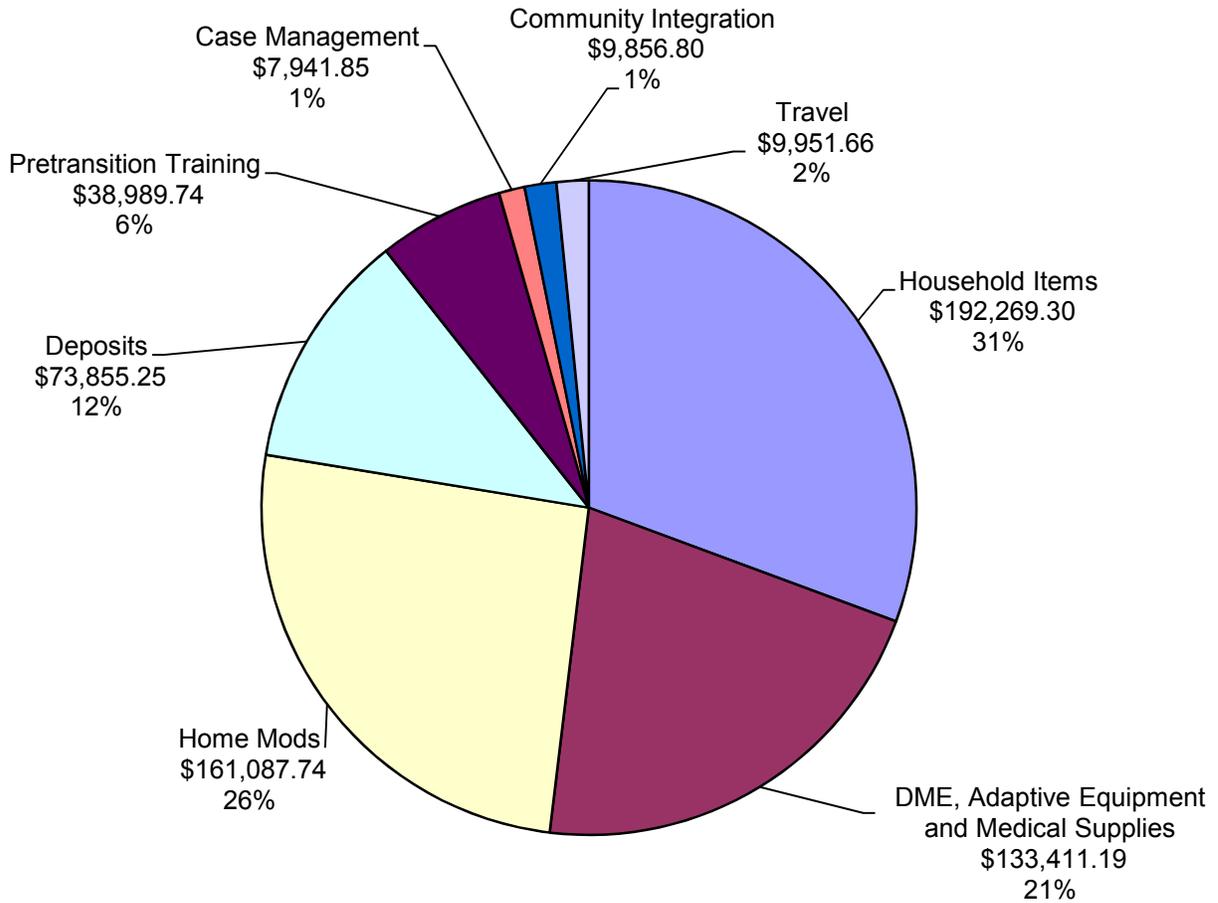
NC MFP Projected Revised Benchmarks				
YEAR	Aging and Physical Disability		Intellectual/Developmental Disability	
	Projection	Notes	Projection	Notes
CY 2014	105		30	
CY 2015	125		30	
CY 2016	150		30	
Benchmark Commitment 2014 - 2016			470	
Revised Benchmark Commitment 2017-2019* 2019=last year of MFP slot allocation			To be determined with thoughtful, collaborative decision making.	

NC MFP Housing Benchmark - Percentage of MFP participants who do not have identified housing at the time of application and desire to live in their own homes (not family's homes) who have housing identified within 6 months of MFP application approval date.

YEAR	Benchmark Goal	Year	Actual Progress
2012	20%	2012	5%
2013	25%	2013	4%
2014	20%	2014	12.76%

*The transition totals reflect number of transitions, not number of specific people
**Transition information is collected by Transition Coordinator/Case Manager reporting and verified through semiannual DRIVE analysis.

Transition Year Stability Funds Spending Chart



- 346 participants have used TYSR Funds.
- \$663,006.43 has been accessed.
- \$ 1,916.20 average used per person.

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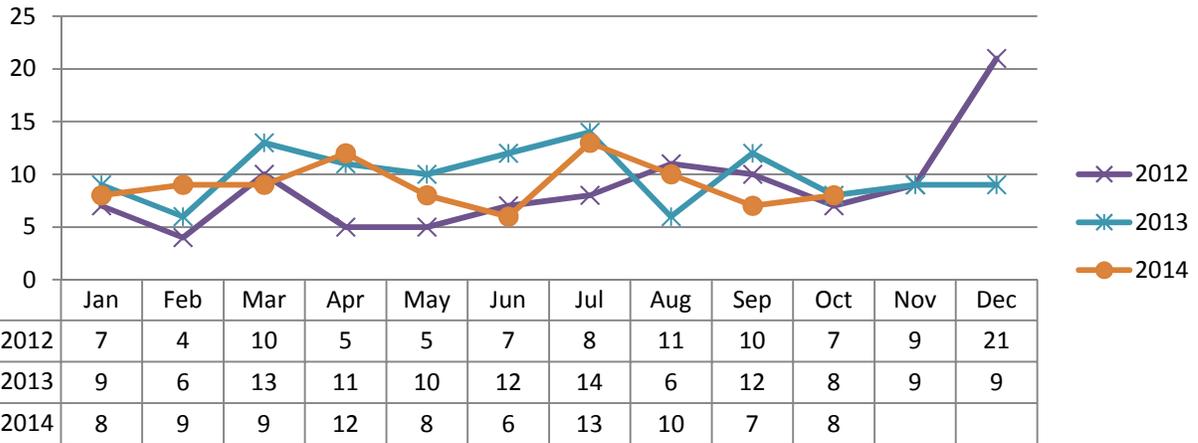
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Total Transitions to date: 470

Total for 2014: 90

Transitions totals by year	I – DD	Older Adults	Physical Disability
2009 = 29	20	6	3
2010 = 39	27	7	5
2011 = 89	31	31	27
2012 = 104	27	42	35
2013 = 119	39	57	23
2014 = 90	29	28	33

MFP Monthly Transitions Per Year



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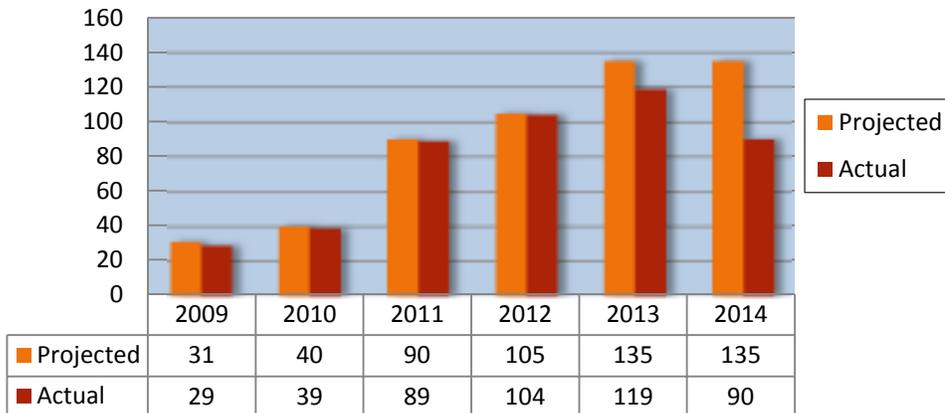
MFP Aging and Physical Disability Transitions Yearly Goals vs Actual



MFP I/DD Transitions Yearly Goals vs Actual



MFP Transitions Yearly Goals vs Actual



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